Job Application Form

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM

It is important to read the Application Guidance Notes before completing this form. Please complete a separate application form for each post. Information on all job vacancies can be found on our website: [www.samh.org.uk/information/work-with-us/vacancies](http://www.samh.org.uk/information/work-with-us/vacancies)

Completed application forms should be emailed to: [ScotlandExecutive@LHH.com](mailto:ScotlandExecutive@LHH.com)

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| Personal Details | |  | |
| **Post applied for: Mental Health & Wellbeing Practitioner– The Nook** | | **Vacancy Reference Number - REC1755** | |
| First Name: |  | Last Name: |  |
| Title: (Mr, Mrs, Ms, Miss, Other) |  |  |  |
| Home address: |  | | |
| Post code: |  | | |
| Telephone number: |  | Mobile number: |  |
| Email: |  | | |
| Do you have a full driving licence? Y/N | |  | |
| Do you have a relative working for SAMH? Y/N  Please note that it is SAMH policy not to employ relatives within the same service or line management reporting. | |  | |
| If yes, please provide details: | |  | |

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| Eligibility to work in the UK | |
| Do you have the legal right to work in the UK? Y/N |  |

If your application for this role is successful, you will be required to provide evidence of your legal right to work in UK.

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| Disability Confident Employer Scheme | |
| Do you consider yourself to have a disability? Y/N |  |

Disability is defined as a physical or mental impairment that has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities. This question is asked to ensure that people with disabilities receive the opportunity of an interview if they meet the minimum criteria for the post applied for.

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| Protection of Vulnerable Groups (Scotland) Act 2007 | |
| Are you a member of the PVG Scheme? Y/N |  |
| |  |  | | --- | --- | | Are you registered for : |  | | |  |  | | --- | --- | | Children  Protected Adults  Both |  | |
| Membership Number: |  |

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| SSSC Registration | |
| Are you registered with the SSSC? Y/N |  |
| Certificate Number: |  |
| Have you ever been reported/referred to the SSSC or been investigated by the SSSC? | Yes  No |
| If Yes please provide SSSC Investigation Details: |  |

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| Membership of Professional Bodies | | | |  |
| Date | Name of Professional Body | Status of Membership | Level of Membership | Membership No. |
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| Education History |

You will be required to provide original copies of all qualifications and certificates, relevant to the job specification, that you declare in this section of the application form.

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| Date | Full/Part Time | Course/Subject of study | Grade/Level of Award | Awarding Body/ Place of Study |
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| Work Related Development/Training | | | | |

Please provide details of training undertaken which is relevant to the job applied for and which you can provide original copies of qualifications, awards or certificates.

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| Date (year) | Organising body | Title and Purpose of Event/s |
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| Present or Most Recent Employment | | | |
| Job title: |  | | |
| Date of commencement: |  | Date of leaving: |  |
| Current or most recent salary: |  | Period of notice: |  |
| Reason for leaving: | | | |

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| First referee details (from your last employer) | | | |
| Company name: |  | Company Tel No: |  |
| Full company address: |  | | |
| Postcode: |  | | |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Referee’s job title: |  | | |
| Email address: |  | | |
| May we approach prior to interview? Y/N | |  | |

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| Give details of post including duties, responsibilities and achievements: |
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| All Previous Employment  (begin with the most recent first and include periods of volunteering and unemployment; please use continuation pages if required) | | | |  |
| Date From | Date To | Employer’s name and address including post code | Role Title and details of post including duties, responsibilities and achievements | Reason for Leaving |
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| Have you ever been subject to any disciplinary action with any of your previous employers? | Yes  No |
| If yes, please provide details: |  |

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| Supporting Statement - Relevant Skills, Experience and Achievements |

Please state why you are applying for this position, and document how you meet the specific requirements of the job description and person specification, including the skills, experience and achievements you bring to this post.

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| References |

Two references will be sought for successful applicants. References should be from your two most recent employers. We reserve the right to request additional references if we consider it necessary. If you do not have two previous employers, please refer to our application guidance notes.

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| Second referee details | | | |
| Company name: |  | Company Tel No: |  |
| Full company address: |  | | |
| Postcode: |  | | |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Referee’s job title: |  | | |
| Email address: |  | | |
| May we approach prior to interview? Y/N | |  | |

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| Recruitment monitoring |

Where did you see this vacancy? (Please mark Y)

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| SAMH Website |  | S1Jobs |  |
| Good moves |  | Indeed |  |
| Jobcentre Plus |  | Social Media |  |
| Other, please specify |  | | |

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| Rehabilitation of Offenders Act 1974 |

SAMH has a written policy on the recruitment of ex-offenders, which is available to all applicants. Having a criminal record will not necessarily bar you from working with SAMH, this will depend on the nature of the position together with the circumstances and background of any particular offences.

The post you are applying for is exempt from the relevant provisions of the Rehabilitation of Offenders Act 1974. This means that you are not entitled to withhold information about convictions which for other purpose are regarded as spent, unless that conviction is protected. For more information regarding conviction disclosures, please refer to the Guidance provided on the Disclosure Scotland website.

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| Have you ever been convicted of any criminal offence(s) currently? | Yes  No |
| Do you have any criminal charge(s) pending? | Yes  No |

If you have answered yes to either of the question above, please provide the following details:

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| --- | --- | --- | --- |
| Date | Name of Court | Please provide details of the nature of each conviction, charge or police enquiry, including driving offences. | Penalty imposed and Outcome |
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| Adults with Incapacity (Scotland) Act 2000 |

The Adults with Incapacity (Scotland) Act 2000 is a significant piece of legislation in the Protection of Vulnerable Adults (POVA). SAMH is committed to ensuring the safety and protection of vulnerable adults by integrating strategies, policies and services relevant to prevention and protection from abuse within the Act.

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| Have you ever been convicted of any form of abuse? | Yes  No |
| Have you ever been interviewed in connection with or been the subject of any investigation or enquiry into abuse or other inappropriate behaviour? | Yes  No |

If you have answered yes to any of the questions above, please provide the following details:

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| --- | --- | --- | --- |
| Date | Court (if applicable) | Details of Offence/Enquiry | Penalty imposed and Outcome |
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| Data Protection |

SAMH will use the information you provide in this application pack for the purpose of processing your application and monitoring the recruitment process. If your application is successful SAMH will process your information for the purpose of facilitating your employment with SAMH (for example, sharing information you provide with statutory bodies including the Care Inspectorate. Disclosure Scotland, Scottish Social Services Council (SSSC) and the Department of Work and Pensions as required by legislation). In addition we will share information with external partners for the purposes of processing Company benefits (including pensions and insurance).

The information you provide in this pack will be stored securely and will not be retained longer than necessary. Unsuccessful applications will not normally be kept for longer than a year. You have a right to access the information that SAMH holds on you. If you would like to do this, please contact the HR Department. For further information about our processing under Data Protection please refer to the Application Form Guidance Note.

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| Declaration |

I certify that the information I have declared in this application form and any attachments are true and correct. I have not withheld any information which may affect my application for employment. I understand that false information or omissions may lead to the withdrawal of any offer of employment or dismissal from SAMH without notice.

I understand the data contained in this application, together with information supplied by referees and/or relevant third parties, (which may include sensitive personal data) will be used and processed for legitimate purposes connected with recruitment and selection, and if I become an employee it will be used for employment purposes and company benefits schemes and that the information may be verified by SAMH, in accordance with Data Protection legislation.

**By completing your name below and emailing the application form, this will be accepted as your signature.**

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| Print name: |  | Date: |  |

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