**Upward Mobility**

**Floor 4, Links House,**
**15 Links Place, Edinburgh EH6 7EZ**

Charity Registration #SC037917
T: 0131 661 4411

[www.upmo.org](http://www.upmo.org)

Upmo are a charity based in Edinburgh, providing support and opportunity to adults with learning disabilities and autism.

**Personal Details**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forename(s):** |  |
| **Pronouns:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Telephone (home):** |  |
| **Telephone (mobile):** |  |
| **Telephone (work):** |  |
| **Email address:** |  |

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| --- | --- |
| **National Insurance No**: |  |

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| **Do you have a current UK driving license?** | YES [ ]  NO [ ]  |
| **Do you have use of a car for work?** | YES [ ]  NO [ ]  |

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| **Position applied for:** |  |

**Current/Most Recent Employment**

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| --- | --- |
| **Employer/organisation name:** |  |
| **Employer/organisation address:** |  |
| **Position held:** |  |
| **Dates from/to:** |  |
| **Brief summary of duties:** |  |
| **Reason for leaving:** |  |
| **Notice period required:** |  |

**Employment History**Continue on new lines as required, covering at least the last 5 years if possible.

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| --- | --- | --- | --- |
| **Dates from/to** | **Employer name & Address** | **Position held & brief summary of duties** | **Reason for leaving** |
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**Volunteering**

Provide details of any voluntary positions/roles you have undertaken that would be relevant to this position, including dates, organisation’s name and a summary of what this voluntary role entailed.

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**Qualifications**

Enter your qualifications, starting with most recent.

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| **Awarding Body** | **Subject** | **Level of Qualification & Grade Achieved** |
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**Learning & Development**

Outline any other relevant learning, development or training that you have undergone that you feel would be beneficial in this role.

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**PVG Membership**All employees and volunteers are required to be members of the PVG Scheme. If you are not already a member of the scheme you will be expected to join the scheme prior to taking up post.

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| Are you currently a member of the PVG scheme?  | [ ]  Yes[ ]  No | Which type of regulated work are you currently a member for? | [ ]  Children[ ]  Protected Adults[ ]  Both |

**Professional Memberships**

Provide details if you are registered with any regulatory or professional bodies, such as the SSSC or General Teaching Council.

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 **Recruitment Source**

Provide details on how you found out about this post (eg a job board, our website, a friend/family member etc). If you know an existing Upmo employee, please include their name and whether they referred you to us.

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**Personal Statement**

Outline why you are applying for this position and how your skills and experience meet the criteria given in the job description.

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**References**

One of your references **must be your most recent employer**, and the other from a previous employer or person whom you are familiar with in a professional capacity.

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| --- | --- |
| **Name:** |  |
| **Company:** |  |
| **Email address:** |  |
| **Relationship to applicant:** |  |

May we contact referee prior to interview? Yes [ ]  No [ ]

|  |  |
| --- | --- |
| **Name:** |  |
| **Company:** |  |
| **Email address:** |  |
| **Relationship to applicant:** |  |

May we contact referee prior to interview? Yes [ ]  No [ ]

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| According to organisational policy, application forms are retained for up to 6 months after candidates are notified that they have been unsuccessful, or after they do not attend an arranged interview. **If you wish to object to Upward Mobility retaining your data should you be unsuccessful, please indicate this by checking here:** [ ] You have the right to object to the retention of this data at any point after your application has been submitted. If you wish to have your data erased, notify us by email at info@upmo.org to advise us of this. |

 **Declaration**

I confirm that, to the best of my knowledge, the information I have given on this application is true and complete and I authorise you to make any enquiries you consider necessary in connection with this application.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |