

### APPLICATION FOR EMPLOYMENT

|  |
| --- |
| For office use only: |
| Candidate identification number |
| Job reference number: |

*Failure to complete all sections of the form may result in the application not being considered. For yes / no questions please circle the appropriate answer.*

POST APPLIED FOR: **Stigma Free Lanarkshire Development Officer**

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | |
| **Surname:** | |
| **Initials:** | |
| **Address:** | |
| **Tel (Day):** | **Tel (Mobile):** |
| **Tel (Evening):** | **E-mail address:** |

If we need to, the best way to contact you is by:

|  |
| --- |
| If you are selected for an interview, do you have any special requirements? yes / no  If yes, please specify: |

**EDUCATION** (Excluding primary education)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School/College/University | Dates | Qualifications Gained | Level | Grade | Date |
|  |  |  |  |  |  |

**TRAINING**

(Please list all relevant training courses completed)

|  |  |  |  |
| --- | --- | --- | --- |
| Course title | Year | Duration | Organiser |
|  |  |  |  |

**PRESENT OR MOST RECENT EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| Name and address of current employer | Job title | Salary |
| Date started | Date finished |
| Period of notice required | Other conditions of notice |
| Summary of duties and responsibilities | | |

**EMPLOYMENT HISTORY**

Please start with most recent and include any periods of unemployment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer’s  Name & Address | Post and Main Duties | F/T, P/T  Voluntary | Dates of Employment  (From - To) | Reason for leaving |
|  |  |  |  |  |

If you need more space please continue on a separate sheet. Please ensure your surname and initials are on each additional sheet.

**STATEMENT IN SUPPORT OF APPLICATION**

|  |
| --- |
| Please tell us your personal qualities, skills and attributes, experience and any major achievements and show how they match those needed for this post. If necessary please continue on a separate sheet ensuring you include your surname and initials at the top of each page. |

**REFERENCES**

|  |  |
| --- | --- |
| Give the names and addresses of two referees known to you PROFESSIONALLY, one of who should be your current or most recent employer. Please do not include relatives. | |
| FIRST REFEREE | SECOND REFEREE |
| Name | Name |
| Address | Address |
| Tel. No. | Tel. No. |
| Position | Position |
| Capacity in which known | Capacity in which known |
| Organisation | Organisation |
| Email address | Email address |
| Referees will not be contacted until after the offer of the post is made. | |

**CRIMINAL CONVICTIONS**

|  |  |
| --- | --- |
| Due to the nature of this post it is exempt from the 1974 Rehabilitation Of Offenders Act (Exclusions & Exceptions)(Scotland) Order 2003. This means that **unless stated in the job description, person specification or application pack**, you must tell us about any previous convictions either classed as ‘spent’ or ‘unspent’. If you are offered employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information you give will be considered only in relation to the post for which this application form refers. **Information will be verified by Disclosure Scotland for relevant posts.** | |
| Have you any previous convictions?  yes / no | Are you subject to pending criminal proceedings?  yes / no |
| If yes to either above, give details of ALL criminal convictions on a separate sheet of paper which should be returned with this form. Should you be employed and a failure to disclose a conviction is subsequently discovered, you will be liable to dismissal or other disciplinary action. | |
| Any offer of employment may be subject to a confidential health screening check, suitable references and Disclosure Scotland. | |

**DECLARATION**

|  |
| --- |
| I declare that to my best knowledge the information given in this form is true and accurate and I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible for employment or liable for dismissal.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  | | | | | |  | | | |
| **Equal opportunities monitoring** | | | | | | | | |
| We want to ensure that our job opportunities are open to all. The only way we can ensure there is equal opportunity is to monitor applications we receive, and compare the profile of people who apply with those appointed. Therefore this form asks you for your ethnic origin, gender, disability, religion, sexuality and age. **The information you provide in this part of the form (Part D), is confidential and is not used in the selection process. It will be separated from the rest of the form when we receive it.** | | | | | | | | |
|  |  | | | | | | | |
| **1)** **If you are currently an employee of NHS Lanarkshire, will getting this job be a promotion?** | | | | | | | | |
|  |  | | | | | | | |
| Yes 🗆 | No 🗆 | | | | | | | |
|  | | | | | | | | |
| **2)** **You are:** | | | | | | | | |
|  |  | | | | | | | |
| Female 🗆 | Male 🗆 | | | | | | | |
|  | | | | | | | | |
| **3)** **Have you undergone, are you undergoing or do you intend to undergo gender reassignment? For example, this includes having changed your sex (gender).?** | | | | | | | | |
|  | |  | |  | | | | |
| Yes 🗆 | | No 🗆 | | Prefer not to say 🗆 | | | | |
|  | | | | | | | | |
| **4)** **What is your age?** | | | |  | | | | |
|  | | | | | | | | |
| I am \_\_\_ years old, and my date of birth is: \_ \_ / \_ \_ / \_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |
| **5)** **Do you have a physical or mental health condition or disability that:** | | | | | | | | |
|  | | | | | | | | |
| * has a substantial effect on your ability to carry out day to day activities? * has lasted or is expected to last 12 months or more? | | | | | | | | |
|  | |  | |  | | | | |
| Yes 🗆 | | No 🗆 | | Prefer not to say 🗆 | | | | |
|  | | | | | | | | |
| * If you answered **‘yes’** please tick if it is either of the following: | | | | | | | | |
|  | | | | | | | | |
| Learning Disability  Long standing illness  Mental health condition | | | 🗆  🗆  🗆 | | Physical impairment  Sensory impairment | | | 🗆  🗆 |
| Other (please describe): | | | | | | | | |
| * Again, if **yes**, please describe any particular arrangements you would need for your work location: | | | | | | | | |

(Continued on next page)

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