**Application for the Position**

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| **Job Title** |  |
| **Place of Work** |  |
| **Where did you see the Position Advertised** |  |

**Personal Details**

|  |  |
| --- | --- |
| **Preferred Title** |  |
| **Forename** |  |
| **Surname** |  |
| **Home Address** |  |
| **Home Postcode** |  |
| **National Insurance Number** |  |
| **Home Telephone Number** |  |
| **Mobile Telephone Number** |  |
| **Work Telephone Number** (Can we call you there) |  |
| **Home Email Address** |  |
| **Are there any Restrictions regarding your Eligibility for Employment (e.g., Work Visa etc)** |  |
| **Do you require a Work Visa to work in the U.K.** |  |
| **Are you related to any Current or Previous Stranraer Skills Station staff** (What relationship) |  |

**Disability**

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| **Stranraer Skills Station is committed to encouraging and assisting disabled people to**  **obtain appropriate employment** |
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| **Are you a disabled person** |
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**Education, Qualification and Training**

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| --- | --- | --- | --- |
| **Name of Education or**  **Training Establishment** | **Dates From** | **Dates To** | **Qualifications and**  **Grades** |
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**Memberships of Professional Bodies**

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| **Association/**  **Membership of** | **Status**  **Number** | **Registration**  **Number** | **Date**  **Obtained** |
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**Current or Most Recent Employment**

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| --- | --- |
| **Name of Current or**  **Most recent Employer** |  |
| **Postal Address** |  |
| **Position Held** |  |
| **Dates of Employment** |  |
| **Summary of Duties and Responsibilities** |  |
| **Salary per annum, Currently or on Leaving Date** | £ |
| **Period of Notice Required** |  |
| **Date Departed, if no longer Employed** |  |
| **Reason for Leaving** |  |

**Employment Record**

|  |  |
| --- | --- |
| **Name of Employer** |  |
| **Postal Address** |  |
| **Position Held** |  |
| **Dates of Employment** |  |
| **Summary of Duties and Responsibilities** |  |
| **Salary per annum on Leaving Date** | £ |
| **Date Departed, if no longer Employed** |  |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Name of Employer** |  |
| **Postal Address** |  |
| **Position Held** |  |
| **Dates of Employment** |  |
| **Summary of Duties and Responsibilities** |  |
| **Salary per annum on Leaving Date** | £ |
| **Date Departed, if no longer Employed** |  |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Name of Employer** |  |
| **Postal Address** |  |
| **Position Held** |  |
| **Dates of Employment** |  |
| **Summary of Duties and Responsibilities** |  |
| **Salary per annum on Leaving Date** | £ |
| **Date Departed, if no longer Employed** |  |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Name of Employer** |  |
| **Postal Address** |  |
| **Position Held** |  |
| **Dates of Employment** |  |
| **Summary of Duties and Responsibilities** |  |
| **Salary per annum on Leaving Date** | £ |
| **Date Departed, if no longer Employed** |  |
| **Reason for Leaving** |  |

**References**

* Please give details of two referees, one of whom should be you current or most recent employer; neither should be friends or relatives.
* Please be aware that should you have worked in the care Industry previously; we will be contacting this former employer for a reference.
* Where you have been unemployed or not working for a period, it is helpful if a reference can be offered from Volunteering work, Scholl Groups or Committees.
* By filling in the form below, you are authorising Stranraer Skills Station to contact your past employers/contacts

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| --- | --- |
| **Current or Most Recent Employer** |  |
| **Contact Name** |  |
| **Contact Email Address** |  |
| **Company Name** |  |
| **Company Address** |  |
| **Company Phone Number** |  |
| **Position at Company** |  |
| **Connection with Referee** |  |

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| --- | --- |
| **Past Employer** |  |
| **Contact Name** |  |
| **Contact Email Address** |  |
| **Company Name** |  |
| **Company Address** |  |
| **Company Phone Number** |  |
| **Position at Company** |  |
| **Connection with Referee** |  |

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| --- | --- |
| **Past Employer** |  |
| **Contact Name** |  |
| **Contact Email Address** |  |
| **Company Name** |  |
| **Company Address** |  |
| **Company Phone Number** |  |
| **Position at Company** |  |
| **Connection with Referee** |  |

**Rehabilitation of Offenders Act 1974**

* Due to the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974.
* Applicants are therefore not entitled to withhold information about convictions and cautions, including any driving offences (which for other purposes are “spent” under the provisions of the Act.
* You are required to DISCLOSE ALL CONVICTIONS/CAUTIONS regardless of the length of time that has passed since receiving them.

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| --- | --- |
| **Questions** | **Answers** |
| **Have you ever been convicted of a criminal offence, caution, reprimand, warning, including “spent convictions** |  |
| **Have you any pending criminal charges** |  |
| **Have you ever been cautioned** |  |
| **If you have answered “Yes” to any of the above, please give details** |  |

* Applicants who are offered employment will be subject to a criminal record check from the Criminal Records Bureau (PVG) before the appointment is confirmed.
* This will include details of cautions, reprimands, or final warnings as well as convictions (even if spent).
* The disclosure of an offence will not necessarily bar you from employment with us but if you do not tell us about any offence this may put your employment at risk.

**Supporting Information**

* Please us the space below to give us further details of your career, activities, and personal interests which you think are relevant to your application.
* Shortlisting will be undertaken by comparing the evidence presented by you with the requirements of the position as outlined in the job description.

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**Health and General Attendance**

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| --- | --- |
| **How many days in the last two years, did you have away from work because of ill health** |  |
| **Please give details of any illness which have caused you to be absent from work for a period of ten consecutive days or more, in the last two years** |  |

**Personal Disclosure**

|  |  |
| --- | --- |
| Have you received any formal disciplinary procedures (verbal or written) in your previous employment | (Yes or No) |

**Disclosure**

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| --- |
| **The information provided on this form will be used in the recruitment and selection process and may be disclosed to all those relevant people.**  **It will also form the basis of your confidential personnel record if you are the successful candidate.**  **This application form will be destroyed after six months if you are unsuccessful.**  **Please sign and date this declaration in the space provided below.** |
| **I certify that, to the best of my belief, the information I have supplied is true and complete and that I possess all qualifications listed on this form.**  **I understand that any false information or failure to disclose relevant medical details, criminal convictions or prosecutions pending may disqualify me from employment or render me liable to summary dismissal.** |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Online Signature:

If No Signature; please type full name here:

Date: