|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | APPLICATION FORM DR BELLS FAMILY CENTRE | | | | | | | | |  | |
|  | | | | | | | | | | | | |
| **POSITION APPLIED FOR:** | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| **The following information will be treated in the strictest confidence.** | | | | | | | | | | | | |
| **PERSONAL** | | | | | | | | | | | | |
| (Please complete this section in BLOCK CAPITALS) | | | | | | | | | | | | |
| Surname: |  | | | | First Name(s): | | | |  | | | |
| Address: |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Contact Tel. No: | | | | | Mobile Tel No. | | | | | | | |
|  | | | | | |  | | | | | | |
| Full Driving Licence: | | YES/NO | | | | Endorsements: | | | | | | \*YES/NO |
| \* If YES, please give further details including dates. | | | | | |  | | | | | | |
|  | |  | | | |  | | | | | | |
| Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? | | | | | | | | | | YES/NO | | |
| If YES, please give full details. | | |  | | | | | | | | | |
| Are you subject to any restrictions or covenants which might restrict your working activities? | | | | | | | | | | YES/NO | | |
| If YES, please give full details | | |  | | | | | | | | | |
| Are you willing to work overtime and weekends if required? | | | | | | | | | | YES/NO | | |
| Please give details of any hours which you would not wish to work: | | | | | | |  | | | | | |
| Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company’s Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the Disclosure Scotland Codes of Practice) | | | | | | | | | | YES/NO | | |
| If YES, please give full details | | |  | | | | | | | | | |
| If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment? | | | | | | | | | | YES/NO | | |
| Have you ever worked for this business before? | | | | | | | | | | YES/NO | | |
| If YES, please give full details | | | | | | | | | |  | | |
| Have you applied for employment with this business before? | | | | | | | | | | YES/NO | | |
| Do you need a work permit to take up employment in the U.K.? | | | | | | | | | | YES/NO | | |
| How much notice are you required to give to your current employer? | | | | | | | |  | | | | |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Schools attended since age 11 | From | To | Examinations and Results |
|  |  |  |  |
| College or University | From | To | Courses and Results |
|  |  |  |  |
| Further Formal Training | From | To | Diploma/Qualification |
|  |  |  |  |
| Job related Training Courses  Name of Organisation | Date | Subject | |
|  |  |  | |

|  |
| --- |
| Please give details of membership of any technical or professional associations: |
|  |
|  |
|  |
| Please list languages spoken and the level of competence: |
|  |
|  |
|  |

**EMPLOYMENT DETAILS**

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
|  |  |  |  |

**PRESENT OR LAST EMPLOYER**

Are you currently employed? YES/NO

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of present or last employer: | | | | |  | | | |
|  | | | | |  | | | |
| Address: |  | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Telephone No: | |  | | | | | | |
|  | |  | | | | | | |
| Nature of business: | | |  | | | | | |
|  | | |  | | | | | |
| Job title and a brief description of your duties: | | | | | |  | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Reason for Leaving: | | | | | | | | |
|  | | | | | | | | |
| Length of Service: | | | | From: | | | To: | |
|  | | | | | | | |
| **SUPPLEMENTARY INFORMATION**  Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths, which you think are relevant to this role. | | | | | | | |
|  | | | | | | | |

**DECLARATION**

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by Disclosure Scotland. I have been given a copy of the Company’s Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

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

**REFERENCES**

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Address: | Address: |
|  |  |
|  |  |
| Tel. No: | Tel. No: |

**SOURCE OF APPLICATION**

How did you hear of this vacancy?

|  |
| --- |
|  |

**Equality Form**

Dr Bell’s Family Centrewants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form to our Centre Manager.

**Gender** Man  Woman  Intersex  Non-binary  Prefer not to say  If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes  No  Prefer not to say 

**Age** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other mixed background, please write in:

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say 

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual 

Prefer not to say  If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say 

**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours 

Annualised hours  Job-share  Flexible shifts  Compressed hours 

Homeworking  Prefer not to say  If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over)  Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 