

PRIVATE AND CONFIDENTIAL APPLICATION FOR EMPLOYMENT

PLEASE INDICATE THE POST YOU WISH TO BE CONSIDERED FOR

Post Title.....

DATA PROTECTION ACT 1998

The personal information collected on this form will only be used for the purposes of recruitment and selection for the post(s) you have applied for with the organisation. The information will not be used for any other purpose nor will it be disclosed to any third party. Our policy on retention of information is that all recruitment records are destroyed 6 months after the unsuccessful applicant is advised of the outcome of their application. Please confirm, by signing below, that you give consent for your information to be used in our recruitment and selection process.

I am aware that:

- The organisation will create computer and paper records on me during the recruitment and selection process;
- If successful, the organisation will create and maintain computer and paper records on me during my employment and after I leave; and
- These records will be processed in compliance with the Data Protection Act 1998 or successor legislation.

Signature Date

(please type your name if emailing the application)

On occasion, the organisation considers applicants from one recruitment exercise for another post within the organisation. Please indicate below if you consent to this.

I do / do not* consent to the organisation using my application for consideration for other posts within the organisation.
(* delete as appropriate)

Signature Date

(please type your name if emailing the application)

PERSONAL DETAILS

Surname Forename(s)

Any previous names that you have been known by

Permanent

Address

..... Post Code

How long have you lived at the above address?

If less than 12 months, please give your previous address

..... Post Code

Address for

Communication

(if different)

..... Post Code

Tel (Home) Tel (Day)

Email

Do you hold a current UK driving licence? Yes/No *(please delete as appropriate)*

IMPORTANT

Please note that if you are successful in your application for employment with this organisation you will be required to
a) complete a medical questionnaire, b) provide proof of your right to work in the UK in terms of the Asylum and Immigration Act 1996. c) complete a PVG Scheme Membership Application Form (where applicable)

TRAINING AND QUALIFICATIONS

Please give details of secondary and further education and any relevant training courses, including any professional qualifications or certificates you hold.

Qualification Achieved	Grades	Name of Course/Study	Full / Part time	Date from	Date to

Please continue on a separate sheet if necessary.

RELEVANT REGISTRATION

Are you registered with the Scottish Social Service Council (SSSC)?		Yes/No (<i>please delete as appropriate</i>)
If yes, please state your registration number		and date of issue
Are you registered with the Protection of Vulnerable Groups Scheme (PVG)?		Yes/No (<i>please delete as appropriate</i>)
If yes, please state your registration number		and date of issue

VOLUNTARY WORK

We would like to know about any voluntary work that you may have undertaken, e.g. community activities, looking after and/or working with children and young people (*continue on a separate sheet if necessary*).

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EMPLOYMENT HISTORY

Please give details of your current employment or your most recent employment if you are not currently employed.

Dates (month & year)		Employer's Name, Address & Business	Title of Post	Reason for leaving
From	To			
Employer's Tel. No.			Current/most recent salary (per annum)	

Previous Employers - start with the most recent and continue backwards on separate sheet if necessary

Dates (month & year)		Employer's Name	Title of Post & Main Duties	Reason for leaving

STATEMENT IN SUPPORT OF APPLICATION

Please state why this post interests you and what personal skills and qualities you think you can offer.

Please continue on a separate sheet if necessary

REFERENCES

Please give details of 2 referees, one of whom should be from your current/last employer.

Please note: Family members may NOT be used as a referee.

If applicable, may we contact your present employer? Yes / No (please delete as appropriate)

Name		Name	
Address		Address	
Post Code:		Post Code:	
Tel No.		Tel No.	
Relationship to applicant		Relationship to applicant	

DECLARATION

The details of this application form are correct to the best of my knowledge. If I am subsequently engaged, I accept that I am liable to instant dismissal if there has been any falsification of information contained herein.

Have you had any criminal convictions, spent or pending? Yes/No

Is there any reason why you would be considered unfit to work with children? Yes/ No

I understand that an Enhanced Disclosure check will be required and I agree to this if appointed.

Signature Date
(please type your name if emailing the application)

RETURN COMPLETED FORM TO:

Kim Tewnton, Vice-Chair, Dornoch Allsorts After School Club,
9 Ross Avenue, Dornoch, Sutherland IV25 3TD
or (preferably) email to allsortsdornoch@outlook.com