

**Application Form**

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| **Title of Post Applied For:** |  |

**Part 1**

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| **Personal Details** | | | |
| Surname: | | |  |
| Forename(s): | | |  |
| Home Address: | | |  |
| Home telephone Number: | | |  |
| Mobile Telephone Number: | | |  |
| Email Address:  (If you provide us with your email address we will normally contact you this way.) | | |  |
| **Eligibility to Work in the UK** | | | |
| Are you eligible for employment within the UK? Yes No  Do you require a Work Permit to work within the UK? Yes No  If Yes, please confirm your work permit/leave to remain expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_  If Yes, please confirm below any details of any endorsements (stamps, visas etc.) and or any restrictions placed upon your work permit: | | | |
| **Other Employment** | | | |
| If offered this position, would you continue to work in any other capacity? Yes No  If Yes, please provide details below: | | | |
| **Driving Licence** | | | |
| Do you hold a current driving licence? Yes No  If Yes, please detail below any driving offences currently under endorsement: | | | |
| **Police Check** | | | |
| Do you have any convictions, cautions, reprimands or final warnings that are ‘protected’ as defined by the Rehabilitation of Offenders Act (Exceptions) Order 1975 (as amended in 2013)? Yes No  If **Yes**, please provide further details below: | | | |
| **PVG Scheme** | | | |
| If the appointment is subject to a Disclosure Scotland/PVG Scheme check (see the advert) and, depending on the type of Disclosure, some convictions which are spent under a Basic level disclosure may be reported to us.  (This will not necessarily discount you from being considered for the post.)  Are you registered with the PVG Scheme to work with Protected Children/Adults?  Yes No  If **Yes**, please provide your PVG member below:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | |
| **SSSC Registration** | | | |
| Are you registered with the SSSC?    Yes No  If Yes, please provide your SSSC registration number below:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | |
| **Referees** | | | |
| One must be your present or most recent employer or school/college. We will not normally accept references from relatives/friends. We reserve the right to request more than 2 references. If you provide your referee email addresses we will normally contact them this way. | | | |
| **Referee 1** | | | |
| Name: | |  | |
| Position: | |  | |
| Company (if applicable): | |  | |
| Address: | |  | |
| Postcode: | |  | |
| Contact Telephone Number: | |  | |
| Email Address: | |  | |
| Do you give us permission to contact this referee? | | Yes No | |
| **Referee 2** | | | |
| Name: | |  | |
| Position: | |  | |
| Company (if applicable): | |  | |
| Address: | |  | |
| Postcode: | |  | |
| Contact Telephone Number: | |  | |
| Email Address: | |  | |
| Do you give us permission to contact this referee? | | Yes No | |
| (If you don’t give permission, we will assume you are happy for us to contact your referees if you are provisionally offered and accept employment/work with us). | | | |
| **Interview Availability** | | | |
| Are you available for interview at any time? Yes No  If **No**, please provide details of non-availability below: | | | |
| **Close relatives/Family Members** | | | |
| A close relative is defined as a spouse, cohabitee, parent, grandparent, child, brother or sister  Are you a close relative or family member of a current employee? Yes No  If **Yes**, please explain your relationship below: | | | |
| **Declaration** | | | |
| I declare that the information given in **Part 1** of this application for employment is true and complete to the best of my knowledge. If any of this information given by me in this form or in support of my application is untrue, I recognise that any offer of employment/work may be withdrawn, or my employment with SHIP ended. | | | |
| Signature: |  | | |
| Date: |  | | |

**Part 2**

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| **Qualifications** | | | | | |
| Please indicate below qualifications gained at School, College or University. You need only provide the date awarded for College or University qualifications or time served apprenticeships. | | | | | |
| Subject/Details | | Qualification and Status of Membership (if applicable) | | Grade | Date Awarded |
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| **Courses Attended/Other Relevant Specialised Training Knowledge** | | | | | |
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| **Employment History** | | | | | |
| This is your present or most recent employment, voluntary work or work experience. Continue on an additional sheet, if necessary. | | | | | |
| Name of Employer: |  | | | | |
| Address of Employer: |  | | | | |
| Nature of Business: |  | | | | |
| Post Held: |  | | | | |
| Dates of Employment: | From: | | To: | | |
| Salary: | Current: | | | | |
| Reason(s) for Leaving or Wishing to Leave |  | | | | |
| Notice Required: |  | | | | |
| Duties and Responsibilities: |  | | | | |

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| **Previous Employment** |

Please start with most recent and include any periods not in paid employment, voluntary work or work experience (continue on an additional sheet, if necessary).

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| Dates (Month/Year)  From To | Name and Address of Employer | Position Held, Description of Duties and Responsibilities | Reason(s) for Leaving |
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| **Suitability for the Post** |

Please refer to the job description provided in the application pack you received and comment, clearly detailing, how you meet the roles and responsibilities, (please continue on a separate sheet, if necessary).

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| **Responsibility** | **Your skills, qualities and experience against each of the person specification criteria** |
| e.g, management | Example response: I have [no] of years’ experience in a [setting] which included [example(s)]. |
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| **Voluntary Work** |
| Please tell us about any voluntary work that you have been/continue to be actively involved in. |
| **Further Information** |
| Please use the space below to tell us why you are applying for this position and any other relevant information you would like us to know (continue on a separate sheet, if necessary). |

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| **Declaration** | |
| I declare that the information given in **Part 2** of this application for employment is true and complete to the best of my knowledge. If any of this information given by me in this form or in support of my application is untrue, I recognise that any offer of employment/work may be withdrawn, or my employment with PKAVS ended. | |
| Signature: |  |
| Date: |  |

**Completed application forms can be returned by post or by email to**:

Nicola Schelbert

S.H.I.P.

The Gateway

North Methven Street

PH1 5PP

Email: manager@ship-perthshire.co.uk

Charity No – SC047929

T: 07713565120