APPLICATION FORM

|  |  |
| --- | --- |
| Position applied for: |  |

**Personal Details**

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town / City |  |
| Region |  |
| Postcode |  |
| Home Telephone |  |
| Mobile Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Have you worked for Crannoch before? |  |
| Have you applied for any position with Crannoch in the past? |  |
| How much notice are you required to give your current employer? |  |

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| --- | --- |
| Do you have a full driving licence? |  |
| *If yes, please give details of when obtained and any endorsements* | |
|  | |

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| --- | --- |
| Are you involved in any activity, which might limit your availability to work or your working hours? |  |
| *If yes, please give details.* | |
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| --- | --- |
| Are you subject to any restrictions or covenants, which may restrict your work activities? |  |
| *If yes, please give details.* | |
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| --- | --- |
| It is a criminal offence for barred individuals to apply to work with children or vulnerable adults in Regulated Work. Are you a PVG (Protecting Vulnerable Groups) Scheme Member? |  |
| *If yes, please give details.* | |
|  | |

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| --- | --- |
| 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) |  |
| *If yes, please give details.* | |
|  | |

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| --- | --- |
| If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment |  |
|  | |

Failure to disclose important information may lead to dismissal if discovered at a later date

Education & Training

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | |
|  |  |  | |

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| --- | --- |
| Are you a member of any technical or professional bodies/associations? | Yes / No |
| *If yes, please give details.* | |
|  | |

Employment Details

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

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

|  |  |
| --- | --- |
| Are you currently employed? |  |

|  |  |
| --- | --- |
| Employers Name |  |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town / City |  |
| Region |  |
| Postcode |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Job Title |  |
| Brief description of duties | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reason for Leaving? |  |
| Start Date |  |
| End Date |  |

|  |
| --- |
| Interests, Achievements, and Leisure Activities  (e.g., hobbies, sports, club memberships) |

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| --- |
| Supplementary Information  Please set out below any further information to support your application  (e.g., past achievements, future aspirations, personal strengths, their ability to carry out the task of care worker and their personal qualities that make them suitable for the job) |

Declaration

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 ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to receipt of a satisfactory PVG Scheme Record or Scheme Record Update from 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.

|  |  |
| --- | --- |
| Signed |  |
| Printed |  |
| Date |  |

**References**

Please give the names of two people (one of which should be your present or most recent care employer) whom we may approach for a reference. In addition to the referees named we reserve the right to contact any former employer

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: |
| **Email:** | **Email:** |

Source of Application

How did you hear of this vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_