

Strictly Private
& Confidential

Application Form

Name:

VAMW Care - Application Form

Post Applied for:	<input type="text" value="Support Worker"/>	Reference Number:	<input type="text" value="OPEN"/>
Closing Date for applications:	<input type="text" value="N/A"/>	Interview Date:	<input type="text" value="To be advised"/>

Please complete this form fully using black ink in your own handwriting, CV's are not accepted as a substitute for completing the form, although they may be attached. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN THE STRICTEST OF CONFIDENCE.

Section 1 Personal details

Last Name: First Name(s):

Address:

Postcode:

Home Telephone №: Business Telephone №:

Mobile Telephone №: E-mail address:

Can we contact you at work? Yes No Do you have a bank account? Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Do you hold a full, clean driving licence valid in the UK? Yes No What type of Driving Licence do you hold? Auto Man

Do you have regular access to a car? Yes No Do you have any endorsements on your licence? Yes No

If you have endorsements on your driving licence, please give further details including dates:

Continue on a separate sheet if necessary

If appointed, do you have any interests or hold any appointments that may conflict with employment by VAMW Care in the role for which you have applied? Eg Trade Union, local government, a second job etc. Yes No

If YES, please give full details.

Continue on a separate sheet if necessary

What type of employment would you consider? Bank Full-time Part-time

Are you willing to work overtime if required? Yes No

You will be required to work at the times the person needs their service, this could include daytime, afternoons, evenings and weekends. Overnight support could include waking or sleeping.

Are there any specific times you would be unable to work, please give full details:

Have you ever worked for this company before? Yes No

If YES, what was your reason for leaving?

Have you applied for employment with this company before? Yes No

Are you related or do you know any person employed by this company? Yes No

If YES, please give full details

Name: Relationship to you:

Section 2 Education

Please list any qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first. **Please Note;** If your application is successful you must provide evidence of any qualifications listed in the form of the original certificate(s). These will be returned to you in their original state once processed.

Training Provider, College or University	Course	Qualifications and grades obtained	Awarding Body

Continue on a separate sheet if necessary

School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Section 3 Continued Professional Development

Please give details of any learning and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Type of Development ie Training Course, Conference etc	Certificate Issued By (ie employer, REHIS etc)	Duration of Course

Continue on a separate sheet if necessary

Section 4 Membership of Professional & Regulatory Bodies

Please list memberships for professional bodies eg Scottish Social Services Council (SSSC); Nursing and Midwifery Council (NMC), any group regulated by the Health Professions Council etc.

Please Note; If your application is successful you must provide evidence of any professional memberships listed in the form of the original documentation. This will be returned to you in its original state once approved. If your application is successful periodic checks throughout your employment will be carried out to ensure registration with the relevant body is up-to-date, keeping your registration up-to-date will be a condition of employment in line with Scottish Social Services Council (SSSC) guidance.

If you are successful you will be required to provide your registration number prior to commencing employment.

Professional Body eg SSSC, NMC, HPC etc	Date 1 st Registered	Frequency of Renewal	Registration Expiry Date

Continue on a separate sheet if necessary

Are you subject to any type of disciplinary action(s) by a professional or regulatory body such as SSSC, NMC etc?

Yes

No

If YES, please give full details.

Continue on a separate sheet if necessary

Section 5

Personal Qualities and Transferable Skills

The makeup of the teams supporting the people we work for is the key to the success of their support. We place a great deal of emphasis on getting the right person for the job. Please answer the following questions to help us to find a suitable match for you.

1. How would you describe yourself?

Continue on a separate sheet if necessary

2. What experiences and knowledge do you have that you could apply to the post and how would you do it? (Please refer to the Job Description enclosed.)

Continue on a separate sheet if necessary

3. What qualities would you bring that would enhance the individuals life/their team/VAMW Care?

Continue on a separate sheet if necessary

4. Please list your interests, leisure activities etc
(eg hobbies, sports, club memberships etc)

Continue on a separate sheet if necessary

5. Supplementary information: Please set out below any further information to support your application, eg past achievements, future aspirations, personal strengths.

Continue on a separate sheet if necessary

Section 6

Present Employment

Currently Employed

Currently Unemployed

(If you are unemployed please list the details of your most recent employer)

Name of Employer:

Address:

Postcode:

Salary: £

Job Title:

Employed from:

To:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice Required:

Reason for leaving
(if no longer employed):

Reason you wish to leave
(if currently employed):

Section 7 Previous Employment

Please list your previous employers, starting with the most recent first.

Name of Employer	Nature of Employers Business	Dates worked From / To	Position held/Main duties	Reason for leaving

Continue on a separate sheet if necessary

Section 8 Breaks in employment history

Please list any times where you have been out of work ie attending college, redundancy etc.

From	To	Reason

Continue on a separate sheet if necessary

Section 9 Rehabilitation of Offenders Act (1974)

In accordance with The Rehabilitation of Offenders Act 1974 (Exceptions and Exclusions) (Scotland) Order 2003 (as amended), all offences that have resulted in criminal convictions must be disclosed when applying for this position, no matter how long ago those offences occurred.

This includes motoring convictions, but does not include fixed penalty fines for speeding or parking.

Any past criminal conviction by or before a court, whether in or outside the UK, must be disclosed.

Please list all past criminal convictions, cautions or bind over's (if any) below. Please also indicate if you have been subject to a conditional discharge.

Do you have any convictions?

Yes

No

If yes, please give date(s) / details / of offence(s) and sentence:

**Nature of offence/charge/
caution/bind over/
Discharge**

Date(s)

Sentence/ Penalty or Order

Date(s)	Nature of offence/charge/ caution/bind over/ Discharge	Sentence/ Penalty or Order

Continue on a separate sheet if necessary

Have you lived in UK for the last 5 years

Yes

No

If No, please note that you will be required to provide evidence from your previous country of residence as to whether you have any criminal convictions in that country.

Please give details of any current investigation(s) or pending court case(s) that might affect your ability to do this job.

Continue on a separate sheet if necessary

I agree that Disclosure Scotland may disclose to VAMW Care all past criminal convictions and bind over's (if any) administered upon me. I understand that, in view of the nature of the position for which I am applying, the convictions which Disclosure Scotland will reveal will include convictions that, under The Rehabilitation of Offenders Act 1974 (Exceptions and Exclusions) (Scotland) Order 2003 (as amended), have become spent. I also declare that, unless stated above, I do not possess, or have ever possessed a criminal record, nor have I been subject to any conditional discharge, bind over's or cautions or am I currently under investigation or awaiting a court case. In the event that any declaration is found to be false, I understand that my offer of employment could be withdrawn immediately, or I could be dismissed from employment.

Signed:

Date:

Section 10 References

We require 2 references, 1 of which MUST be your present employer (or most recent employer if you are unemployed). This reference should be from a member of your organisations management team.

References will only be sought on candidates who are successful at interview.

We cannot accept references from family members or relatives. If you have been in full-time education, and have never been employed, we will accept two academic referees in place of an employer. If you have been unemployed for a long period of time (6 years or more) and your last employer no longer has your employment records, you can give two character references from individuals who are unrelated to you eg GP, reverend, priest, your local councillor etc.

If you do not provide this information your application cannot be processed.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Organisation/ Company:	<input type="text"/>	Organisation/ Company:	<input type="text"/>
Relationship:	Professional <input type="radio"/> Academic <input type="radio"/> Character <input type="radio"/>	Relationship:	Professional <input type="radio"/> Academic <input type="radio"/> Character <input type="radio"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone Nº:	<input type="text"/>	Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

FOR OFFICE USE ONLY:

Date reference request sent:	<input type="text"/>	Date reference request sent:	<input type="text"/>
Comments:	<input type="text"/>	Comments:	<input type="text"/>

Section 11 Marketing Source

How did you hear of this vacancy;

Local Press;

- Bellshill Speaker
- Hamilton Advertiser
- Lanark and Carluke Advertiser
- Motherwell Times
- Wishaw Press

Other;

- VAMW Flyer Advert
- General Enquiry
- Internal Applicant
- Jobcentre Plus
- VAMW Website
- Word of Mouth

Section 12 Declaration

I hereby certify that:

- All the information given by me on this form is correct to the best of my knowledge
- All questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold

Successful candidates will be required to provide relevant evidence of details contained within this application prior to appointment eg driving license, certificates, immigration information etc.

Data Protection Notice: The Company requires certain information prior to you commencing employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995.

The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

Signed:

Date:

NB Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from VAMW Care must conclude that their application has been unsuccessful on this occasion.

RETURNING THIS FORM

By Hand or Post:

VAMW Care (Head Office)
John Thomson House
Glencairn Street
MOTHERWELL
North Lanarkshire
ML1 1TT

Enquiries:

Telephone: 01698 244344
Fax: 01698 244345
Jobline: 01698 244346
Website: www.vamw.org