# For official use only:

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| Campaign No.  |  |
| Candidate No.  |  |

# Application for Employment

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| **Applicant Initials:** |  |
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| **Applicant Surname:** |  |
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| **Title of Post you are applying for:** |  |
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| **Location of Post:** |  |
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To help us assess your application please complete all sections of this

application form.

A CV will not be accepted unless submitted by a visually impaired applicant.

Please type or print using black ink

**Privacy:** We respect your privacy and will only use personal information collected to support the recruitment process in accordance with Data Protection legislation.To find out how we will handle your personal information please read our privacy notice available on our website.

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| **1 Your Personal Details** |

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| Address:  |  |
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| Postcode: |  |  |  |
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| Tel (Home): |  | Tel (Business): |  |
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| Mobile: |  |
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| Email: |  |
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| National Insurance Number:Please indicate where you heard about or saw this vacancy first (please be specific about where online or other): Are you willing to re-locate: |  |
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| Care Inspectorate Website |  |
| My Job Scotland |  |
| S1 |  |
| Other Job Board |  |
| Email from Care Inspectorate |  |
| Email from other |  |
| Word of Mouth |  |
| Facebook |  |
| Twitter |  |
| LinkedIn |  |

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| Other (please specify) |  |

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| Please indicate if you are willing to relocate: | Yes / No |

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| **2 Your Certificates Gained at School** |

Please give details of any certificates obtained such as SCOTVEC, SQA

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| **Awarding Body (e.g. SQA)** | **Course/Subject/Module Titles** | **Level/Grade of Course** **(e.g. 1,2,3 / A, B, C)** | **Date Certificate Awarded** | **✓ Tick if Awaiting Results** |
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| **3 Your Further or Higher Education** |

Please give details of any course for which a certificate e.g. SVQ, HNC, HND degree or diploma was awarded

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| **University/College** | **Course Title****(e.g. HND Computing)** | **Subjects studied** | **Date Awarded** | **✓ Tick if Awaiting Results** |
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| **4 Your Membership of Professional Bodies (Current Membership Only)** |

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| **Name of Awarding Body/Institution** | **Class of Membership** | **Date Awarded** | **Membership No. and Expiry Date (if applicable)** |
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| **5 Training Courses Attended – Which may be Relevant to this Application** |

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| **Course Provider** | **Description of Course**(including main subject covered) | **Date Awarded** |
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| **6 Personal Development** |

Please outline the content of any personal development plan, together with evidence of continuing professional development, where appropriate.

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| **7 Current Employment (or most recent employment)** |

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| **Name & Address of Employer**  | **Job Title** | **Dates** | **Basic Salary/Wage****£**  **per week/year****Additional Supplement/Bonus etc.****£**  **per week/year****Notice Required:** |
| **From**  | **To** |
|  |  |  |  |

Please give details of your present duties/responsibilities using supplementary sheet (s) if required. Please ensure you put your name (surname and initials) on any separate sheets used.

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| **8 Previous Employment**  |

List in order with most recent employer first. Please use supplementary sheet(s) if required ensuring that your name (surname and initials) is on any separate sheets used. For the purpose of calculating continuous service for annual leave and other entitlements, please ensure all previous employment with local authority, NHS, further and higher education, voluntary and private care providers is listed.

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| --- | --- | --- | --- | --- |
| **Name & Address of Employer** | **Job Title and Brief Description of Duties** | **Annual Salary of Hourly Rate** | **Dates** | **Reason for Leaving** |
| **From**  | **To** |
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| **9 Information Relevant to Application** |

Please tell us how your professional skills and experience together with your abilities and personal qualities are relevant to your application. Please remember to put your name (surname and initials) on any pages you use.

Indicate the number of additional pages attached

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| **10 Driving Licence**  |

**Please Note:** Completion of this section is optional, unless the person specification for the role stipulates that a driving licence is either essential or desirable.

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| Do you hold a current driving licence? | [ ]  | Full | [ ]  | Provisional | [ ]  | No |
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| Does your licence have penalty point endorsements? | [ ]  | Yes | [ ]  | No |  |  |
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| If yes please specify: |  |
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| **11 Leisure Activities or Interests** |

**Please Note:** Completion of this section is optional.

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| **12 Referees** |

Please provide details of two referees. If you are currently in employment, at least one must represent your present employer. References are normally taken up if you are short-listed for interview.  **Please tick the box if you do not wish contact to be made with a referee prior to an interview being held**. After interview, if the Care Inspectorate is considering offering you an appointment, referees will be contacted.

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| **Contact Name & Occupation** | **Address** **(including Postcode)** | **Email address** | **Tick if NO Contact to be made prior to interview** |
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| **13 Variable Working** |

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| Please tick if you wish to apply for this post on a reduced hours basis | [ ]  |
| If yes, please indicate your preferred work arrangement: |
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| **14 Disability** |

The Equality Act 2010 defines disability in the following way: "A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities". Further information regarding the definition of disability can be found here: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

**The Care Inspectorate offers a guaranteed interview to any applicant who considers him/herself to be disabled and who meets the minimum essential requirements for the post.**

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| Please tick if you consider yourself to be disabled | [ ]  |

If yes, please provide details on any support you may require through the recruitment process or in the role:

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| **15 Care Experienced: guaranteed interview scheme** |

We recognise care experienced applicants as someone who has been formally looked after by a local authority, in the family home (with support from social services or a social worker), in kinship care with family, friends or relatives (including informal kinship care), foster care, residential or secure care or legally adopted.

**The Care Inspectorate offers a guaranteed interview to any applicant who considers him/herself to be care experienced and who meets the minimum essential requirements for the post.**

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| Please tick if you consider yourself to be care experienced | [ ]  |

If yes, please provide details on any support you may require through the recruitment process or in the role:

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| **16 Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013)**  |

Under this legislation, applicants are entitled to withhold information on a criminal conviction on the grounds that it is ‘spent’ following a period of rehabilitation, unless the post has been advertised as ‘excepted’ from these provisions, which all offices and employments within the Care Inspectorate are. All applicants selected for interview must complete and submit a Criminal Conviction Declaration Form which will provide full details of the legislation and give advice on how to complete the declaration.

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| **17 Declaration** |

**IMPORTANT (Please read carefully before signing)**

I certify that all statements given above by me on this form are true and correct to the best of my knowledge, I realise that if I am employed and it is found that such information and all other documents associated with the recruitment and selection process is false or that I have withheld information I am liable to dismissal without notice.

**Data Protection Act**

I consent to the Care Inspectorate and its agents processing, by means of information and communication technology or otherwise, any information which I provide to them for purposes of recruitment to and employment with the Care Inspectorate, monitoring the effectiveness of the Care Inspectorate’s Equal Opportunities Policy, and, in the exercise of the Care Inspectorate’s legitimate interests.

**Please sign using initials and surname only**

Signed: …………………………… Date: ……………………………

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| **17 Returning Your Application** |

**Before sending your application: Have you completed all the sections and put your name on any attached papers? Have you completed and attached the equalities monitoring form?**

**Completed Application forms should be returned by the closing date**

**by email to:** **recruitment@careinspectorate.gov.scot**