



INVERCLYDE ASSOCIATION FOR MENTAL HEALTH

CCF PROJECT OFFICER APPLICATION





in-work enterprises ltd

Employment Application

All information supplied by applicants will be treated as confidential.

Position applied for:	
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From which source did you become aware of this vacancy?	
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PERSONAL INFORMATION

Surname	Title
Forename(s)	
Address	
If you are a foreign national, do you have a work permit?	
Telephone no. (daytime if possible)	
National Insurance No.	
If it is an option, would you wish to job share?	



in-work enterprises ltd

Employment Application

Private & Confidential

All sections of this application form **must be completed**. Additional information may be attached on extra sheets if necessary.

Post Title	
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FORMAL EDUCATION (From Secondary School onwards)

Please include details of all formal education including School, College & University

School, College, University	Dates From / To	Qualification & Grades (where appropriate)

TRAINING

Please include brief details of relevant training

Provider	Dates From / To	Course Title

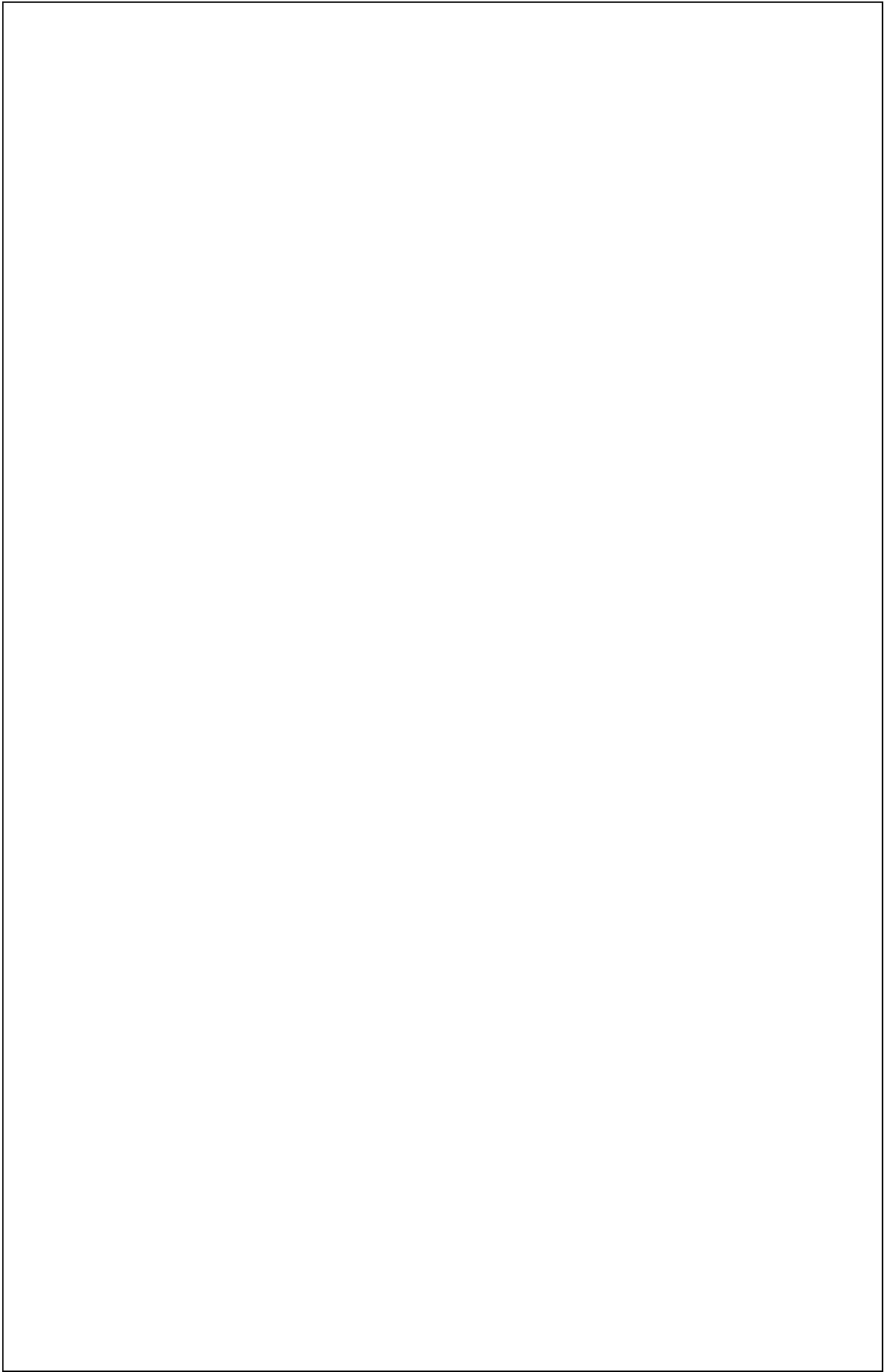
PROFESSIONAL MEMBERSHIP/S

Professional Body/ Membership	Status of membership	Date obtained/elected	Reg Number

EMPLOYMENT HISTORY
CURRENT / MOST RECENT POST

Post held	
Name & Address of Employer	
Dates (from/to)	
Present Salary	
Notice required or reason for leaving	

Please describe your main duties & responsibilities. (Continue on next page if necessary)



PREVIOUS EMPLOYMENT

List in order with most recent employer first

Dates	Name & Address of Employer
From-	
To-	
Job title	
Salary	
Describe main duties and responsibilities	

Reason for leaving

PREVIOUS EMPLOYMENT

List in order with most recent employer first

Dates	Name & Address of Employer
From-	
To-	
Job title	
Salary	

Describe main duties and responsibilities

Reason for Leaving

PREVIOUS EMPLOYMENT

List in order with most recent employer first

Dates	Name & Address of Employer
From-	
To-	
Job title	

Salary
Describe main duties and responsibilities
Reason for leaving

PREVIOUS EMPLOYMENT

List in order with most recent employer first

Dates	Name & Address of Employer
From-	
To-	
Job title	

Salary
Describe main duties and responsibilities
Reason for Leaving

STATEMENT IN SUPPORT OF APPLICATION

Please describe your reasons for applying for this post and demonstrate how your experience, skills and training, at work or in a personal/voluntary capacity, relate to it.

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The Disability Discrimination Act 1995 defines Disability as “Any physical or mental impairment which has a substantial adverse effect on a person’s ability to carry out normal day to day activities”

All candidates who indicate they have a disability and meet the criteria for the post will be interviewed.

Do you have a physical or mental health condition, disability or other factor that might affect your ability to undertake this post?

Yes

No

If yes, please give details

Please specify any special requirements you require if attending for interview.

HEALTH STATUS

Please list all absences from work through illness or injury over the last two years.

Number of Days Absent	Reason for Absence	Dates From	To
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REFEREES

Names and addresses of two people, one of whom should be your present/most recent employer, who may be contacted for a reference.

Name (1)
Position
Address
Tel No:

May contact be made prior to interview?	YES	NO
In what capacity does this referee know you?		
Name (2)		
Position		
Address		
Tel No:		
May contact be made prior to interview?	YES	NO
In what capacity does this referee know you?		

DECLARATION (please read carefully before signing)

I certify that all information contained in this application is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice.	
Signature	Date

RECRUITMENT OF EX-OFFENDERS

**REHABILITATION OF OFFENDERS ACT 1974
(EXCEPTIONS) ORDER 1975**

The post for which you are applying is included in the excepted type of employment under the above act.

We are legally entitled to ask applicants that all previous convictions must be declared. You must not withhold information about convictions which for other purposes are "Spent".

If you are offered employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

I declare that I have:

- (a) No previous convictions

- (b) Previous convictions – details of which I give below

- (c) I have criminal charges pending – details of which I give below

(This information will be verified by Disclosure Scotland)

Signature Date
Print Name

CONFIDENTIAL EQUAL OPPORTUNITIES MONITORING FORM

In-work enterprises are committed to pursuing equality of opportunity within the principle of appointment based on merit and want to ensure that job opportunities are open to all. Monitoring applications is one way of helping ensure that there is no discrimination in the way that people are selected. Therefore this form asks you for your ethnic origin, gender, disability, religion, sexuality and age, these will only be used for monitoring purposes only. The information you provide will be confidential and will not influence your application in any way.

Name			
Post applied for			
Date of Birth			
Age			
16-20 <input type="checkbox"/>	21-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>
45-5 <input type="checkbox"/>	55 + <input type="checkbox"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Marital Status	Married <input type="checkbox"/>	Not Married <input type="checkbox"/>	
Ethnic Origin	White <input type="checkbox"/>	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
	Chinese <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>		

Do you consider yourself to be disabled?

Are you registered disabled?