

Application for Employment



1. Type of Employment applied for (Circle relevant categories)

Full Time	Living in	Night shift	Temporary	Care Worker
Part Time	Living out	Relief Pool	Permanent	Other

2. Personal Details

Address

Name.....

Tel. (day).....

Tel. (eve).....

Email.....

3a Education and Training – School Education

Qualifications	Subject	Grade
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3b Further and Higher Education

Institution Attended Qualifications gained

3c Other Training relevant to this application

3d Do you hold a driving licence? (please tick)

Yes

No

4a Current Employer

Name of Employer Start date

Summary of duties and responsibilities held;

4b Previous Employment History (most recent first-please account for gaps in employment history)

Name of employer

Start date

End date

Job Title

5. Registration.

Are you registered with the **Scottish Social Services Council** ?

If yes, on what part(s) of the register are you registered?

If yes what is your registration number ?

Are you registered with any other professional body? If yes please give details.....

6. Disciplinary Record (tick yes or no)

	Yes	No
Are you currently the subject of a disciplinary investigation?		
Are you currently suspended?		
Is there a current disciplinary finding against you?		
Have you ever had your employment terminated because of unprofessional behaviour or misconduct?		
Have you ever left an organisation before the outcome of a disciplinary investigation was know?		
Have you ever been disqualified from any professional training programme?		
Have you ever been suspended or deregistered by any other regulatory body or licensing/registration organisation because of unprofessional behaviour or misconduct?		

If you have answered yes to any of these questions, please give a brief summary on a separate page and attach to your application.

7. Protection of Vulnerable Groups Scheme.

Are you a member of the protection of vulnerable groups scheme? Yes No

If yes please give your membership number.....

If a member of the scheme, is this in respect of working with children or adults or both?

8. Sickness Absence

Please give details of any sickness absence over the past 2 years –number of occasions and total days off

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9. Nationality

Are you a European Union National? Yes No

If you are a Non European National you must be in possession of the relevant documents that allow you take up paid employment in the UK. Please describe here the documents that you have. Further information on working in the UK can be found on the UK Border Agency website.

11. References

Please give the contact details of two referees. One must be your current or most recent employer.

Name
Job Title/ Position
Address

Name
Job Title/ Position
Address

Tel.
email

Tel
email

12. Data Protection

The information provided by you on this form and any supplementary forms will be used to assist with the process of recruitment in accordance with Garvald West Linton's recruitment and selection policy. If you are successful in your application the information provided will be used for personnel record and payroll purposes. By signing the declaration in section 13 of this form it is understood that you consent to the use of your personal information for the above purpose. If you are unsuccessful your information will be destroyed.

13. Declaration

I confirm that, to the best of my knowledge, the information supplied by me on this application form and on any additional sheets is correct. I accept that false information or omission may lead to my dismissal without notice. We assume that in signing this declaration we have permission to contact your referees

Signature.....

Date.....

14. Please tell us where you heard about Garvald.

15. When Completed.

Please return application forms to

Office Administrator
Garvald House
Dolphinton
West Linton
EH46 7HJ
United Kingdom