**Application for Employment**

*The information you supply on this form will be treated in confidence.*

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| Thank you for considering job opportunities with Voluntary Action East Renfrewshire SCIO. Please complete all sections on this form and return to [julie.kirkwood@va-er.org.uk](mailto:julie.kirkwood@va-er.org.uk). If you have any questions about this post or the application form, please email [hello@va-er.org.uk](mailto:hello@va-er.org.uk) or call 0141 876 9555. |

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| **Post Details** | | |
| **Post applied for:** | |  |
| **Where did you hear about this vacancy?** | |  |
| **Personal Details** | | |
| **Surname:** |  | |
| **Initials:** |  | |
| **Address and postcode:** |  | |
| **Daytime telephone/**  **mobile phone:** |  | |
| **Email address:** |  | |
| **National insurance**  **number:** |  | |
| **Do you hold a current driving licence? Yes/No** |  | |
| **Do you need a work permit to work in the UK? Yes/No** |  | |

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| **Education and Professional Qualifications** | | | | |
| **Name of Institution (School/College/ University/Training Provider)** | Dates From/to | Major or Relevant Subjects Studied/Examination Taken | | Results/Grade Obtained |
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| **Training and Development** | | | | | |
| *Please include any formal and on the job training and courses which can support your application for this role.* | | | Duration of Course and  Date Awarded | | |
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| **Present Employment (or most recent employment)** | | | | | | | | | | | |
| **Name of employer and work location:** | | | | |  | | | | | | |
| **Job title:** | | | | |  | | | | | | |
| **Present salary/wage:** | | | | |  | | | | | | |
| **Date commenced employment (and terminated if relevant):** | | | | |  | | | | | | |
| **Period of notice:** | | | | |  | | | | | | |
| **Reason for leaving:** | | | | |  | | | | | | |
| **Brief description of duties:** | | | | | | | | | | | |
| **Previous Employment (list in order with the most recent employer first)** | | | | | | | | | | | |
| Please give details of previous employment with most recent employment first *Continue on a separate sheet if necessary* | | | | | | | | | | | |
| **Dates** | | | | **Name of Employer and Work Location** | | **Job Title and Brief Outline of Your Responsibilities** | | | | **Reason for Leaving** | |
| **From** | | **To** | |  | |  | | | |  | |
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| **Supporting Statement/Cover letter** | | | | | | | | | | | |
| Please tell us how your experience, skills and training both inside and outside work make your application for this post particularly relevant. Please refer to the job description to aid your supporting statement. *Continue on a separate sheet if necessary.* | | | | | | | | | | | |
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| **REFEREES** | | | | | | | | | | | |
| Please provide name, address, telephone number and occupation of 2 referees, one of which should be your current employer, if employed. Show relationship as either personal or work. | | | | | | | | | | | |
| 1) | Full name: | | | | | | | | | | |
|  | Occupation/relationship: | | | | | | | | | | |
|  | Telephone no: | | | | | | | | | | |
| 2) | Full name: | | | | | | | | | | |
|  | Occupation/relationship: | | | | | | | | | | |
|  | Telephone no: | | | | | | | | | | |
| **DISABILITY** | | | | | | | | | | | |
| Description: Double Tick**All disabled applicants who meet the minimum requirements will be interviewed.**  Do you consider yourself disabled? Yes/no  Please state the nature of your disability:  If you are selected for interview, are there any facilities that may assist you at interview (eg, interpreter for the deaf)? | | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | |
| I certify that all information contained in this form 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: |  | |  |
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| **Please return this form to:**  **Email: julie.kirkwood@va-er.org.uk** | | | | | | | | | | | |