

APPLICATION FORM

FOR THE POST OF: _____

JOB REFERENCE: _____

As it may be necessary to photocopy this form, if you are completing it by hand please use BLOCK CAPITALS and **black** or **blue** ink. A curriculum vitae (CV) will not be accepted in place of this application form.

1 PERSONAL DETAILS

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

POSTCODE: _____

2 REFERENCES

Please give the names and addresses of **two** persons, including your present or most recent employer, whom we may approach for a reference. Members of your family should not be given as referees. References will only be taken up for those selected for interview, unless you specify otherwise. We reserve the right to contact any previous employer.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME: _____

JOB TITLE: _____

COMPANY: _____

ADDRESS: _____

IS THIS A HOME ADDRESS?

TELEPHONE: _____

IF YOU **DO NOT** WISH US TO APPROACH THIS REFEREE
PRIOR TO INTERVIEW, PLEASE MARK HERE

REFEREE 2

FULL NAME: _____

JOB TITLE: _____

COMPANY: _____

ADDRESS: _____

IS THIS A HOME ADDRESS?

TELEPHONE: _____

IF YOU **DO NOT** WISH US TO APPROACH THIS REFEREE
PRIOR TO INTERVIEW, PLEASE MARK HERE

A social enterprise – working with young people since 1859

Scottish Charity No. SC026917
Company limited by guarantee. Registered in Scotland No. 158220
REGISTERED OFFICE: ABERCORN HOUSE, 79 RENFREW ROAD PAISLEY PA3 4DA

3 PRESENT OR MOST RECENT EMPLOYMENT

JOB TITLE: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

DATE OF APPOINTMENT: _____

DATE OF LEAVING: _____

PERIOD OF NOTICE REQUIRED: _____

PRESENT OR MOST RECENT SALARY: _____

FULL-TIME

PART-TIME

(PLEASE TICK APPROPRIATE BOX)

SUMMARY OF DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING/ WISHING TO LEAVE:

4 EMPLOYMENT HISTORY

PLEASE PROVIDE DETAILS OF YOUR EMPLOYMENT HISTORY TO DATE, STARTING WITH THE MOST RECENT AND ACCOUNTING FOR ANY PERIODS OF TIME SINCE LEAVING SCHOOL NOT SPENT IN EMPLOYMENT E.G. FULL-TIME EDUCATION OR OTHER CIRCUMSTANCES (CONTINUE ON ADDITIONAL SHEETS IF NECESSARY).

NAME AND ADDRESS OF EMPLOYER	FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	JOB TITLE AND MAIN DUTIES	REASON FOR LEAVING

5 SECONDARY, FURTHER AND HIGHER EDUCATION (OR EQUIVALENT)				
SCHOOL/COLLEGE/ UNIVERSITY ATTENDED	FROM	To	SUBJECTS/COURSES	RESULTS

6 OTHER QUALIFICATIONS AND TRAINING NOT COVERED ABOVE			
TITLE	DATE	AREAS COVERED	WHERE UNDERTAKEN

PROOF OF ALL QUALIFICATIONS WILL BE REQUIRED BEFORE APPOINTMENT IS CONFIRMED.

7 INTERESTS	

8 DRIVING LICENCE	
DO YOU HOLD A CURRENT DRIVING LICENCE ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
RESTRICTIONS & ENDORSEMENTS (PAST OR PENDING)	

9 HEALTH	
SICKNESS RECORD OVER THE PAST 2 YEARS (NUMBER OF DAYS):	_____
REASON FOR ANY SIGNIFICANT ABSENCES	

SUCCESSFUL APPLICANTS MAY BE REQUIRED TO COMPLETE A HEALTH DECLARATION QUESTIONNAIRE PRIOR TO TAKING UP ANY OFFER OF EMPLOYMENT

10	ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION
-----------	--

Please describe how your skills, knowledge and experience are relevant to the post applied for. Please consider carefully the information you have been given before completing this section. If necessary, continue on additional sheets of A4 paper. Please ensure your name and the post you are applying for are clearly marked on any supplementary sheets.

11	DECLARATION
-----------	--------------------

I certify that, to the best of my knowledge, the information given in this form is accurate and without omission. I understand and agree that this information may be stored and processed in accordance with the Data Protection Act 1998 and that Kibble may take steps to verify the information I have provided, through references and checks of my qualifications and professional memberships. I also confirm that I am physically and mentally fit to undertake the role for which I have applied and there are no health issues that would prevent me from carrying out the responsibilities of the post.[§]

Applicant's Signature _____

Date _____

On completion, this form should be returned to:

HR OFFICE KIBBLE EDUCATION AND CARE CENTRE GOUDIE STREET PAISLEY, PA3 2LG
--

**PLEASE ENSURE THAT YOUR NAME AND THE TITLE OF THE POST YOU ARE APPLYING FOR
ARE CLEARLY MARKED ON ALL ADDITIONAL SHEETS**

[§] Kibble will meet our obligations under the Disability Discrimination Act 1995 to make 'reasonable' adjustments, where appropriate.

**KIBBLE EDUCATION AND CARE CENTRE
EQUAL OPPORTUNITIES MONITORING FORM**

Kibble is committed to its Equal Opportunities Policy. This ensures that all applicants receive equal and fair treatment and are not discriminated against or victimised on grounds of sex, marital status, race, sexuality, colour, ethnic origin or disability.

In order to monitor and review our policy, we would ask that you complete the following questionnaire. This information is used **only** for monitoring purposes and is not part of the selection process. Information provided will be stored on a computerised database for statistical analysis and controlled in accordance with current Data Protection legislation.

POST(S) APPLIED FOR:			
TITLE & FULL NAME:			
DATE OF BIRTH:		AGE:	

ETHNIC ORIGIN

Please indicate (X) which group best describes your ethnic origin or descent. The categories listed are those recommended by the Commission for Racial Equality.

ASIAN	31	of Indian origin	<input type="checkbox"/>
	32	of Pakistani origin	<input type="checkbox"/>
	33	of Bangladeshi origin	<input type="checkbox"/>
	34	of Chinese origin	<input type="checkbox"/>
	39	of other Asian origin	<input type="checkbox"/>
BLACK	21	of Caribbean origin	<input type="checkbox"/>
	22	of African origin	<input type="checkbox"/>
	29	of other Black origin	<input type="checkbox"/>
WHITE	10		<input type="checkbox"/>
OTHER GROUP?	80	please specify:	<input type="checkbox"/>

Do you require a work permit?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

'POSITIVE ABOUT DISABILITY'

The Centre welcomes applications who consider themselves disabled and is committed to interviewing all applicants with a registered disability who meet the minimum job criteria. Do you consider yourself to have a disability?

Yes No

Do you require any special arrangements at interview? (Please state)

SEX AND MARITAL STATUS

Male Single
 Female Married or in a Civil Partnership
 Other

Where did you learn of this vacancy? (please give name of publication/individual):

Are you connected in any way to any present or past pupils or employees of Kibble? If yes, please give name of pupil or employee and nature of relationship.

Thank you for your co-operation. Please return this form with your application.



Self-Declaration Form To be completed for all posts.

All employees within Kibble have direct access to vulnerable young people or access to confidential information about the young peoples' histories and backgrounds, therefore, all posts within Kibble are considered exempt from the Rehabilitation of Offenders Act 1974 (Exclusions and Exemptions) Scotland Order 2003 (as amended). This means that all applicants **must disclose all previous and pending convictions** on their application, even if these would normally be considered as 'spent' under the legislation.

A previous conviction will not automatically bar an applicant from employment with the exception of offences against children or other vulnerable groups or those who are disqualified or provisionally disqualified from working with children under the Protection of Children (Scotland) Act 2003.

Should an applicant have a conviction we will make decisions based on careful consideration of all the information available to us. If management feel that further clarification is required, further information may be sought from additional sources, for example, previous employers, placements etc. We may also ask the applicant to supply additional references.

All successful applicants will be vetted by **DISCLOSURE SCOTLAND**, failure to disclose any conviction during the selection process will be considered as a breach of trust. If this situation arises the individual may be summarily dismissed or have any offer of employment withdrawn, irrespective of the nature of the conviction.

Please complete Parts 1-3

Part 1: Are you currently subject to criminal charges/investigations or have you ever received or been subject to any of the following disposals noted below?

Yes If so, please complete the section below: No

PLEASE TICK ALL APPROPRIATE BOXES					
Conviction(s)	<input type="checkbox"/>	Warning(s)	<input type="checkbox"/>	Reprimand(s)	<input type="checkbox"/>
Caution(s)	<input type="checkbox"/>	Charge(s)	<input type="checkbox"/>	Admonishment(s)	<input type="checkbox"/>
Procurator Fiscal Fine(s)	<input type="checkbox"/>	Dropped Charge(s)	<input type="checkbox"/>	Other	<input type="checkbox"/>
When did the incident(s) occur?					
What exactly happened?					
What was the outcome?					
Have you offended since?					
Anything else you wish to add / What have you learned from your experience?					

Please continue on a separate sheet if required.

Part 2: Have you ever been subject to an investigation or enquiry either within or outwith the workplace into abuse or other inappropriate behaviour? This should include relevant police non-conviction information and any workplace proceedings.

Yes If so, please give details below: No

PART 3: DECLARATION

- I declare that, except for the above disclosed, I have not, whether in the United Kingdom or abroad, been found guilty and sentenced by a court for a criminal offence.
- I give my consent to Kibble Education and Care Centre to carry out an enhanced Disclosure check and to request references for the purpose of verifying the replies given in this declaration, including enquiries of any relevant authority.
- I agree to inform Kibble Education and Care Centre if I am convicted of an offence after I take up any post within the organisation. I understand that failure to do so may lead to disciplinary action, which may include termination of my employment.

Signed: _____

Date: _____

Please place the completed form inside the envelope marked 'Self-Declaration Form', please ensure you mark your name and the position applied for in the space provided. This information will be treated in the strictest confidence and will only be opened should you be selected for interview. Your completed self-declaration form will only be seen by senior management and those who have responsibility for recruitment. Should you not be selected for interview the envelope will be confidentially destroyed.

For HR Office Use Only

Stage 1: Read By:	Date
Any initial action required? For example discussion at screening interview. If so, please detail below including outcome:	

Stage 2: Content checked against Disclosure Scotland?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certificate Number:	Date of Issue
Any Action Required? If so, please detail below including outcome:	
Name	Date