

Please complete this form in type or black ink (Your CV may only be included as additional information)

Application for the post of:	
Fulltime or Job Share: (CDW- Substance Misuse Only)	

**PERSONAL DETAILS**

<b>SURNAME:</b>	<b>ADDRESS:</b>
<b>INITIALS:</b>	
<b>CURRENT DRIVING LICENCE: YES/NO</b>	
<b>ACCESS TO VEHICLE: YES/NO</b>	<b>TEL NUMBER:</b>

**Protection of Vulnerable People Membership Number**

Which regulated work is your current membership for: <input type="checkbox"/> Children <input type="checkbox"/> Adult																			

**EDUCATION AND QUALIFICATIONS**

*Please list Qualifications gained or in progress (Please continue on a separate sheet if necessary)*

Subject or Course Title	Level/Grade	Awarding Body	Date Obtained

**MEMBERSHIP OF PROFESSIONAL INSTITUTES OR SOCIETIES**

*Please include the grade of membership, method and date of admission*

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**TRAINING**

*Please list courses attended that are relevant to the post*

Course Title	Awarding Body	Date Obtained

**PRESENT EMPLOYMENT**

Name, Address and Nature of Business:			
Position:		Salary/Hourly rate:	
Start Date:		End date/Notice period:	
Please describe briefly the main duties of the post:			
Reason for leaving:		Notice period:	

**PREVIOUS EMPLOYMENT**

*Please give full details of all previous posts (including any voluntary positions) you have held since leaving education starting with the most recent, or alternatively attach your current CV. Please continue on a separate sheet if necessary.*

Employer:		Position:	
Address:		Brief description of duties:	
Start Date:	End Date:	Reason for leaving:	
Employer:		Position:	
Address:		Brief description of duties:	
Start Date:	End Date:	Reason for leaving:	
Employer:		Position:	
Address:		Brief description of duties:	
Start Date:	End Date:	Reason for leaving:	

**ADDITIONAL INFORMATION**

*Please state your reasons for applying for this position and give details of how your skills and experience relate to this position? Please include any relevant skills and experience gained both within and out with the workplace e.g. include voluntary work or leisure pursuits.*


**Are there any adjustments that may be required to be made should you be invited for interview? If so, please state here:**


**REFEREES: *One referee should be your current or most recent employer.***

*Please provide details of two referees who have supervised you and/or your work. These should cover the last 3 years of your employment (if applicable). Please note all employment with Angus Carers Centre is subject to the receipt of satisfactory references. Please do not provide details for friends/family or guardians.*

Name:		Name:	
Position:		Position:	
Company:		Company:	
Address:		Address:	
Tel No:		Tel No:	
E-mail:		E-mail:	
Relationship:		Relationship:	

*References will only be sought for successful candidates at interview.*

#### Data Protection Declaration

If your application is successful, this form and the information in it will be securely retained by the organisation under legal obligation, for such time as you are an employee of the organisation and will be retained for up to six years (Limitation Act 1980) after the end of employment. Otherwise this form will only be retained for so long as is required in connection with your application and subsequently destroyed.

#### Declaration

I verify that to the best of my knowledge the information supplied by me on this application form, and on any additional sheets submitted is correct.

Do you agree to the statement above

Yes

No

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return your completed application form, marked private & confidential, to:**

**Alison Myles  
CEO  
Angus Carers Centre  
8 Grant Road  
Arbroath  
Angus  
DD11 1JN**

**Or email to [alisonmyles@anguscarers.org.uk](mailto:alisonmyles@anguscarers.org.uk)  
by Friday 24<sup>th</sup> May 2019 at 5 pm.**

**REHABILITATION OF OFFENDERS ACT**

Angus Carers Centre complies with the requirements of the Rehabilitation of Offenders Act 1974, Police Act 1997 and Protection of Vulnerable Groups (Scotland) Act 2007 and adheres to these to ensure safe, effective and fair recruitment practices. The person specification and job description will indicate the level of Disclosure background check or PVG membership that applies to the post you are applying for.

For all posts, we would ask you to declare all ‘unspent’ convictions including driving offences, cautions and admonishments by detailing these below. Staff selected for posts which are not exempt under the act must undertake a basic disclosure. These posts do not involve directly working to support/advise the people who use our services and are not based in Registered Care Homes or prisons nor do they require the handling of financial information.

For posts that are exempt under the Rehabilitation of Offenders Act, these are usually posts that have regular unsupervised contact working directly to support/advise vulnerable people (often identified as ‘regulated work’), administration staff concerned with the provision of a care service or health services, nurses, accountants, people working within Registered Care Homes or prisons, or board members, we consider all convictions in addition to other background information through a standard disclosure check, enhanced disclosure check or PVG membership. In short, for these posts we require applicants to disclose details of all convictions (‘spent’ and ‘unspent’) cautions, warnings, reprimands, admonishments and, for all except those doing standard disclosure checks, any relevant non-conviction information. Non-conviction information includes any pending proceedings, current investigations, any current or previous order, restrictions or consideration for listing or similar placed on you from governmental bodies (examples: the Home Office, social work departments, SSSC, NMC, PVG).

**All Posts**

<b>Do you have any unspent convictions?</b>	<b>YES/NO</b>
<b>Details of unspent convictions:</b>	

**Exempt Posts**

<b>Do you have any criminal convictions spent or otherwise?</b>	<b>YES/NO</b>
<b>Details:</b>	

**Declaration**

I have read the Rehabilitation of Offenders Act statement above and confirm that I have not withheld any information which may affect my application for appointment. I understand that false information or omissions may lead to the withdrawal of any job offer or dismissal. The information above may be verified by Angus Carers Centre.

I consent to the processing of the data in accordance with the current Data Protection Legislation.

Signature ..... Date .....

Printed Name .....