

EMPLOYMENT APPLICATION FORM

PARTNERS FOR INCLUSION

West Kirk, 84 Portland Street, Kilmarnock, Ayrshire Tel: 01563-825555, Fax: 01563-825556

POSITION APPLIED FOR: _____

REFERENCE CODE FROM ADVERTISEMENT: _____

FULL TIME / PART TIME WORK (PLEASE SPECIFY): _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):		
Address:				
			Postcode:	
Contact Tel. No:	Mobile Number:			
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO	
* If YES, please give further details including dates.				
Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?			YES/NO	
If YES, please give full details.				
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO	
If YES, please give full details				
Are you willing to work overtime and weekends as required?			YES/NO	
Please give details of any hours which you would not wish to work:				
As part of your Application, you have been asked to complete a Pre-Employment Medical Questionnaire. If necessary, are you prepared to undergo a medical examination prior to employment?			YES/NO	
Have you ever worked for this Company before?			YES/NO	
If YES, please give full details				
Have you applied for employment with this Company before?			YES/NO	
Are you registered with Scottish Social Services Council?			YES / NO	
If YES, please supply registration number:				
Do you need a work permit to take up employment in the UK?			YES/NO	
How much notice are you required to give to your current employer?				

EDUCATION

Schools attended			Examinations and Results
College or University			Courses and Results
Further Formal Training			Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

To comply with legal requirements all new employees of Partners for Inclusion must register with the SSSC (Scottish Social Services Council) and if you do not already possess the required qualification, undertake to complete the relevant qualification within the required timescale of three years.

EMPLOYMENT DETAILS

Are you currently employed? YES/NO

Name of current or last employer:	
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Address:	
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Telephone No:	
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Nature of business:	
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Job title and a brief description of your duties:	
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Length of Service:	From:	To:
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Please give details of all of your past employment, stating the most recent first. This should also include voluntary work and placements you have undertaken. Please also account for any gaps in your employment history. Please continue on a separate sheet if required

Name and address of employer	Position held/Main duties	Reason for leaving

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships). Partners for Inclusion endeavours to match staff with the people we serve this information will assist us with this process.

Are there particular areas in the district / area where you would **only** consider working? YES/NO

If yes, please give details

SMOKING

Do you smoke? YES/NO

Do you have any objections to working with someone who smokes? YES/NO

ABOUT YOU...

We need to get an idea of who you are as a person to help us match you with someone we support.

Please use the following as a guide to help you to tell us about yourself. The more information you are willing to give us the better as it will help us with the matching process.

- a) How would your friends describe you?
- b) What personal qualities do you have that you think would be useful in this job?
- c) What life experiences have you had that have made you the person you are today?
- d) What resources do you have to bring to a person's service e.g. knowledge of places to go & things to do; useful contacts?
- e) What would you bring to the working of the team?
- f) What could you bring to an individuals life whilst working on a one to one basis?

ABOUT YOU cont.....

REFERENCES

We require three written references before you commence employment. Please give the names of two business referees (one of which should be your present or most recent employer, who had line management responsibility for you) and one other previous employer whom we may approach for a reference. In addition to this, we require a character reference. Please note that your character referee cannot be someone you are related to. If there is any difficulty with providing a reference from any of these sources, this must be discussed at the first interview stage.

Can we approach your current employer before an offer of employment is made? YES/NO

CURRENT OR MOST RECENT EMPLOYER REFEREE	PREVIOUS EMPLOYER REFEREE
Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

CHARACTER REFEREE
Name:
Relationship:
Address:
Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I also understand and agree that there are times when this information may be required to be shared with a third party such as the Local Authority or Scottish Commission for the Regulation of Care.

I understand these details will be held in confidence by the Organisation in compliance with the Data Protection Act 1998.

Signature:	Date:
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CONFIDENTIAL

HEALTH QUESTIONNAIRE

Please read this introduction carefully.

The purpose of this questionnaire is to help an assessment to be made of your health and well-being in relation to employment with Partners for Inclusion by :-

- assessing if you are medically fit to safely undertake the role and to provide continued effective service;
- identifying any impairment, disability or illness that may significantly affect your ability to undertake the role, or that may require reasonable adjustment to be made to the work-place or to work arrangements.

Partners for Inclusion is fully committed to an equal opportunities policy which includes statutory requirements under the Disability Discrimination Act 1995. Wherever possible, Partners for Inclusion seeks to offer employment opportunities irrespective of physical or psychological disabilities.

All prospective employees are required to complete this Health Questionnaire.
Please complete all questions applicable to the role you have applied for.

If there is an indication of any health or capability problems, potentially relevant to your employment with Partners for Inclusion, we may, with your written consent, contact your G.P or other Medical Adviser for further verification.

The provision of false or misleading information may affect your employment with Partners for Inclusion.

When you have completed the questionnaire, please seal it in the addressed envelope provided and return it with your application pack.

CONFIDENTIAL HEALTH QUESTIONNAIRE

PLEASE COMPLETE

Name Date of Birth

Address

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Contact Tel No: NI Number

CIRCLE RESPONSE

Have you had any physical or mental illness that has adversely affected your ability to undertake any previous employment safely, reliably or effectively? YES NO

Have you ever required any adjustment to your work place or working arrangements to allow you to undertake any of your duties, safely reliably or effectively? YES NO

Have you ever suffered from an illness or injury during the past three years that has resulted in you taking a period of absence, greater than one month, from any previous employment (or school or college if this is your first job)? YES NO

If the answer is YES to any of these questions please give details

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General History

Have you any ongoing illness, injury or disability that is likely to limit your capability to undertake the role you have applied for? YES NO

Do you have, or have you had in the last year, back, knee or neck pain or any other skeletal joint or muscular disorder i.e stiffness sufficient to cause time off work, school or college YES NO

Do you have any limitation that is likely to interfere with your ability to use stairs? YES NO

General History contd.

- Do you have any limitation that makes it difficult for you to sit or stand for prolonged periods? YES NO
- Have you ever had any problem that limits the use of your hands or arms, for example when working at a keyboard? YES NO
- Do you have any problem hearing normal conversation or using an ordinary telephone? YES NO
- Have you ever suffered or do you have an illness that noticeably affects your memory or concentration? YES NO
- Do you have any problem reading the small print in a newspaper? YES NO
- Have you ever been treated for high blood pressure? YES NO
- Have you ever suffered from fainting attacks, blackouts or epilepsy ? YES NO
- Have you ever suffered from a medical condition affecting sleep? YES NO
- Have you ever been dependent on or had a problem with misuse of alcohol, non prescribed drugs or medication prescribed by your doctor? YES NO
- Do you suffer from any other problem not covered in the above? YES NO

Additional Questions for Support Roles.

Is there any health, medical or general fitness issue that would prevent or make it difficult for you to carry out the following support tasks on a regular basis:

- Driving a car? YES NO
- Accompanying someone swimming? YES NO
- Accompanying someone on long walks? YES NO
- Pushing someone in a wheelchair for long walks / uphill? YES NO
- Assisting someone to bathe (moving, handling, bending & stretching)? YES NO

If the answer is YES to any of these questions please give further details.

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Safety at Work

Have you any illness or disability or are you on any treatment that should be taken into account when considering your workplace and working arrangements? Examples include insulin treatment, epileptic seizures, angina, visual impairment, deafness, a susceptibility to falls, trips or blackouts, anxiety or stress related illness?

YES NO

If *YES* please give details.

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Have you any special requirements that you wish Partners for Inclusion to take into account to support you to perform your duties?

YES NO

If *YES* please give details

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DECLARATION

I declare that I have completed this questionnaire accurately and have not knowingly withheld any relevant information (other than that which I wish to discuss confidentially with the interviewing panel) and that I understand the consequences of providing false or misleading information; that my GP may be consulted if required; and that I am prepared to attend for a medical examination if requested.

Signature: **Date:**

Data Protection Notice:

The Organisation requires certain information prior to you commencing employment, to ensure you will be able to perform the requirements of the role and give reliable service and to ensure compliance with relevant Health& Safety Regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995.

The information you provide will be treated in the strictest confidence and used only for the purpose detailed above in compliance with the Data Protection Act 1998.