

EMPLOYMENT APPLICATION FORM PARTNERS FOR INCLUSION

West Kirk, 84 Portland Street, Kilmarnock. KA3 1AA
Tel: 01563 825555

POSITION APPLIED FOR: Senior Service Leader

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:			
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:			
Have you any convictions			YES/NO
If YES, please give full details			
You will be required, if offered employment, as part of your Application to complete a Pre-Employment Medical Questionnaire. 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
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			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.

ABOUT YOU...

Please tell us a bit about yourself, use the following as a guide.

- 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 the organisation:
- e) What would you bring to the working of the central management team?

ABOUT YOU...

In order to get an understanding of you as a person, tell us about something you have achieved in your working life and why you felt this was an important experience or one you are particularly proud of.

ABOUT THE POST...

Please describe to us your understanding of Supported Living and what experience you have in this area. In the absence of experience, please detail any skills / abilities / experience which you feel would be transferable.

ABOUT YOUR LEARNING AND REFLECTION...

Please tell us about your career to date in terms of which posts / experiences provided you with considerable opportunity to learn and develop.

We're interested in hearing about either positive or negative experiences that led to you reflecting and learning.

(Your answer should be no more than 500 words)

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	PREVIOUS EMPLOYER REFERENCE
Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

CHARACTER REFERENCE
Name:
Position:
Address:
Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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Declaration

I declare that the information given on this form is complete and accurate. I understand that any false information or deliberate omissions will qualify 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 1988

Signature:	Date:
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EQUAL OPPORTUNITIES – MONITORING FORM

Partners for Inclusion requires all its Managers, Members and other Employees to operate its policy of equal opportunity and not to discriminate against any person because of sex, race, colour, national or ethnic origin, disability or age.

We must stress that any information you give will be treated as strictly confidential. You are not obliged to answer any of the questions, but you will appreciate that, for our monitoring policy to be wholly effective, we should hope to have 100% response. If you do not wish to answer any question(s), this will not affect your application in any way. Thank you for your time and co-operation in completing our form

1. POST APPLIED FOR (Please put full title of post)

2. ETHNIC ORIGIN

I would describe my ethnic origin as (please circle):

White	Black Caribbean	Black African	Black Other	Indian
Pakistani	Bangladeshi	Chinese	Other	

3. GENDER

I am (please circle): Male Female

4. AGE

Age: Date of Birth:

5. DISABILITY

The Disability Discrimination Act describes a disability as ‘a physical or mental impairment, which has a substantial and long-term effect upon a person’s ability to carry out normal day-to-day activities’. Using this definition:

- a) I would/ would not consider myself to have a disability (please delete)
- b) I would require/would not require any special adaptations/ equipment to take up employment (please specify):

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: DOB:.....

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.