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| DRIVING LICENCE | | | |
| Do you have a current driving licence? |  | Do you have access to a car that could be used during normal working hours of this post? |  |
| Do you have any endorsements?  If yes, please give details |  | | |

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| --- | --- |
| POST APPLIED FOR**:** | |
| LOCATION: | |
|  | |
| PERSONAL INFORMATION | |
| Name: | |
| Address: | |
| Landline Telephone No: | Mobile No: |
| Email Address: | |
| National Insurance Number: | |

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| QUALIFICATIONS | | |
| Please list all education and qualifications and relevant training courses, starting with the most recent | | |
| Courses and Qualifications | School/College/Agency | Dates |
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| WORK EXPERIENCE | | | | |
| This can be paid or unpaid work. Please show your full employment history, showing the most recent post, and account for any periods when you were not employed or in education. | | | | |
| Name and Address of Employer | Paid or Unpaid | Dates (from and to) | Post and Main Duties | Reason for Leaving |
|  |  |  |  |  |
| **PERSONAL STATEMENT** | | | | |
| In the space below please state the reasons why you are applying for the post or any information which you think will be relevant to your application. Please continue on a separate sheet if necessary. | | | | |
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| REFERENCES |

**Two referees are required which should be in a work related capacity not a partner, spouse or other relative.**

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| **Please give details of your current/most recent employer that can be contacted to provide comment on your suitability for the post applied for.** | |
| **Name (include title Mr, Miss, Mrs etc)** | **Job Title** |
| **Email address** | |
| **Department** | **Type of Business** |
| **Address** | |
| **Postcode** | **Contact Phone Number** |
| **Relationship to you?  Line Manager**  **Supervisor**  **HR Dept**  **Colleague** | |
| **How long have you known this person?**  **< 6 months  6-12 months  1-2 years  3-5 years  +5 years** | |
| **When may we request a reference? At any time  After offer of employment** | |

|  |  |
| --- | --- |
| **Second Reference Contact. Is this a personal reference or previous employer?** | |
| **Name (include title Mr, Miss, Mrs etc)** | **Job Title** |
| **Email address** | |
| **Department** | **Type of Business** |
| **Address** | |
| **Postcode** | **Contact Phone Number** |
| **Relationship to you?  Line Manager  Supervisor  HR Dept  Colleague  Lecturer  Friend** | |
| **How long have you known this person?**  **< 6 months  6-12 months  1-2 years  3-5 years  +5 years** | |
| **When may we request a reference? At any time  After offer of employment** | |
|  | |
| Please click on the boxes to highlight **all** the shifts you would be available to work:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Availability** | Mon | Tue | Wed | Thu | Fri | Sat | Sun | | Day Shift (8.30am-5pm) |  |  |  |  |  |  |  | | Back Shift (6pm-9pm |  |  |  |  |  |  |  | | |

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| Disclosure of Criminal Records |
| In accordance with the Rehabilitation of Offenders Act 1974 (Exclusions & Exceptions) (Scotland) Order 2003 (as amended), you are not entitled to withhold information about convictions which for other purpose are ‘spent’ under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in withdrawal of job offer, dismissal or disciplinary action by Caledonia Social Care.  Having a criminal record will not necessarily debar anyone from working with Caledonia Social Care. Decisions regarding suitability for positions which are subject to criminal conviction vetting through Disclosure Scotland, will be dependent on the nature of the post, together with the circumstances and background of the offence(s). You are asked to declare any spent or unspent convictions (including cautions)  **Have you had any previous convictions / cautions? Yes  No** |
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| Self Disclosure Statement – Strictly Confidential | |
| Have you ever been convicted of a criminal offence or are you at present subject to criminal charges/investigations? Yes  No  If yes please complete part B of this form | |
| \* Please continue on a separate sheet if required. | |
| Date of Conviction: |  |
| Type of Conviction: |  |

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| Are you an Existing PVG Member? Yes  No | | | | | | | | | | | | | | | | |
| The successful candidate for posts working with vulnerable adults will be subject to a criminal convictions check through Disclosure Scotland. References for such posts will include questions about vulnerable person protection concerns both from current and past employers. | | | | | | | | | | | | | | | | |
| **Date Issued** | **Please enter your 16 digit PVG Scheme Membership Number (if applicable)** | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **What Type of Regulated Work is your PVG** | | | | | | | | | **Children  Adults  Both** | | | | | | | |

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| Registrations | | | | |
| Are you registered now or have you been registered with any of the following? | | | | |
| Scottish Social Services Council? *(please delete)* | Yes / No | | If yes, please give location of registration  *(please delete)* **Scotland / England / Wales** | |
| General Teaching Council? *(please delete)* | Yes / No | |
| Nursing and Midwifery Council? *(please delete)* | Yes / No | |  | |
| Name on registration | | Registration or PIN Number | | |
| I am not subject to any sanctions by a regulatory body, and I give agreement for checks to be carried out. | | | | |
| Signature: | | | | Date: |

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| **Declaration of Family** | | |
| Does anyone in your family, or in a close relationship with you, work for Caledonia Social Care? If so please give details. | |  |
| EMERGENCY CONTACT DETAILS | | |
| Name: | | |
| Relationship to you: | | |
| Telephone No: | Mobile No: | |

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| **DECLARATION** | |
| I declare that the information I have provided in this application form is, to the best of my knowledge and belief, true and correct and I understand it is my responsibility to advise of any changes to this information.  If you are successful and employed, failure to disclose important information or provide false information may lead to dismissal if discovered at a later date. | |
| Signed: | Dated: |

Please email your completed application form to [recruitment@caledoniasc.co.uk](mailto:recruitment@caledoniasc.co.uk) or alternatively post to Caledonia Social Care, 81 Oxford Street, Glasgow, G5 9EP.