**LANARKSHIRE CARE PARTNERS**

**APPLICATION FORM OF**

**EMPLOYEMENT**

(Please complete this application form in blue or black ink. Alternatively, you may also complete this application form by typing in this word document)

**Please fully complete this application form and return the completed version via post or our email address which has been listed below.**

**Telephone:**

**0123 437 745**

**Email:**

**hr@Lanarkshirecarepartners.support**

**Lanarkshire Care Partners**

**Enterprise House, Drumpellier Business Park, Glasgow Road, Coatbridge, ML5 1EL**

*Please do not enclose any further documentation within this application.*

**Lanarkshire Care Partners Application Form of Employment**

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| Position: |  |
| Location: |  |

**Section One:**

Please complete the following information concerning Personal Details, Location & Education.

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| Personal Information: |
| Title: Mr/Mrs/Ms/Miss/ Other (Please Specify) |  |
| Forename: |  |
| Surname: |  |
| Age (Please circle) |  18-24 25-29 30-49 50+ |

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| Contact Information: |
| Telephone Number: |  |
| Email Address: |  |
| Address: |
| Postcode: |  |

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| Education: (Please provide any qualifications or certificates you have obtained) |
| Qualification: | Grade: | Date obtained: |
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**Section Two;**

Please complete the following questions concerning Employment History & Training

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| Employment History (Most Recent Employer) |
| Employer/Company Name:  |
| Dates of Employment:  | From: | To: |
| Employers Address: |
| Job Title:  |
| Duties and Responsibilities:  |
| Current Annual Salary:  | Notice Period: |
| Reason for Leaving: |

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| Previous Employment: |
| Employers Name and Address: | Position and Responsibilities: | Reason for Leaving: | Dates of employment: (From-To) |
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| Voluntary Work |
| Voluntary Organisation Name and Address: | Position and Responsibilities: | Reason for Leaving (If applicable) |
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| Previous Employment Training Record: |
| Training Course: | Date Obtained: |
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**Section Three:**

Please indicate below your availability by ticking within each box. Please provide further details if needed in the space provided below.

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| Availability  |
| Available: | Monday  | Tuesday  | Wednesday  | Thursday  | Friday  | Saturday  | Sunday  |
| Morning: |  |  | *
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| Afternoon: |  |  |  |  |  |  |  |
| Evening: |  |  |  |  |  |  |  |

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| Further Comments: |
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**Section Four:**

Please complete the following questions to provide more information.

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| Question One: |
| What makes you the best applicant for this job position? Please include personal qualities and abilities which would be relevant to the personal specification. |
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| Question Two: |
| What attracts you to this job position? Do you have any care experience? |
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| Question Three: |
| What are your Hobbies/Personal Interests/ Leisure Activities? |
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**Section Five:**

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| General Information: |
| Where did you hear about this Vacancy? |  |
| Do you know or are you related to a committee member or member of staff within Lanarkshire Care Partners? |  |
| Do you hold a current and valid driving licence? |  |
| Have you ever been disciplined because of inappropriate behaviour towards protected adults which your employer believed may have harmed them or put them at risk of harm?***If Yes please provide Details*** |  |
| Have you been issued with a PVG (Protecting Vulnerable Groups) Scheme Record from Disclosure Scotland?  |  |
| Candidates with A disability Are Guaranteed a job interview subject to meeting the essential criteria detailed in the person specification. Please indicate that you have a disability and wish to be considered under the disability guaranteed job interview scheme. |  |
| Are you currently registered with the SSSC? |  |
| Have you ever been convicted of a criminal offence? If yes, please provide details.  |  |
| Is it necessary for you to hold a work permit to work in this country? If Yes Please State the Expiry Date: |  |

**Section Six:**

Please Provide two suitable referees, one of which must be from your most recent employment who would be able to provide a professional reference.

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| Reference Details |
|  | Referee One: | Referee Two: |
| Name: |  |  |
| Occupation: |  |  |
| Address: |  |  |
| Telephone Number: |  |  |
| Email Address: |  |  |
| Relationship to you: |  |  |

**Additional Comments:**

Please make any further comments, which you would consider to be helpful:

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| Additional Comments: |
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**Section Seven:**

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| Declaration: |
| I confirm that the information given on this form is, to the best of my knowledge true and complete. Any false statement may be sufficient cause for rejection or if employed dismissal. |
| Please tick the box to confirm your declaration: |  |
| Print Name: |  |
| Signature: |  |
| Date:  |  |