



FAIRWAY FIVE



Date;

APPLICATION FOR EMPLOYMENT

PART TIME FACILITATOR

NOTES FOR COMPLETION

The application form is the main way we decide whether or not to invite you to an interview. It is important that you give the best overall impression of yourself.

Read all of the form first so that you understand what information is requested and how to complete the form. Make sure you have the **Job Information Pack** which provides detailed information about the job, the address that you have to return this form to and contact details should you have any questions about the specific job.

Complete all sections of the form either typed or in black ink as it will be photocopied. Insert an X in question boxes that do not require a written answer.

If you use additional sheets put your name (initials and last name only) and the vacancy reference number on them. If you complete the form on a computer it should expand and sections may move to the next page. This is acceptable.

Check the **closing date** and the **return address** in the **Application Pack**. Send your application in plenty of time to reach the right person **by the closing date**.

DETAILS of the post you are applying for

Job Title:	
Location:	

PERSONAL DETAILS

Initials:	Last Name:								
Address:									
Daytime Tel No:					Home Tel No:				
Postcode:									
Email Address:									
National Insurance Number:									

REFERENCES

Please ensure that you have sought agreement from your referees before submitting their details. Referees **must not** be relations or friends.

Two references are required.

If you have been previously employed, you **must** provide references from employers within the past 3 years, one of which **must be** your last employer.

If you have not previously been in employment you **must** provide a reference from an appropriate person (course leader or a manager that has known you in an organisation).

If you are coming straight from education, you **must** provide a reference from your Head Teacher or Course Tutor.

REFEREE 1 – current or most recent employer

Name:		Organisation:	
Position:		Time Known:	
Email Address:		Contact Tel No:	

Address:

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Relationship:

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Post Code:

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Can we contact him or her now?

Yes

No

REFEREE 2

Name:

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Organisation:

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Position:

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Time Known:

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Email Address:

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Contact Tel No:

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Address:

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Relationship:

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Post Code:

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Can we contact him or her now?

Yes

No

DECLARATION

The information you give on this Application is used for selection purposes and also forms the basis of any subsequent employment relationship. If you are successful, we will keep this application in your personnel file. Otherwise, it will be destroyed when the recruitment process is completed.

I consent to the use of my personal information in the above stated purposes. *(Submitting the form by e-mail gives this consent)*

I declare that the information I have given in all the pages of this Application Form is correct. I understand that by giving false information, or withholding information that may be relevant, I may be excluded from the recruitment process or dismissed if appointed to the post.

Signature (Initial/Last Name):

Date:

Do you have any criminal convictions

Yes

No

Date

Details;

This post will be subject to an appropriate PVG application

Return to;

Jaqui Turner

Fairway Fife,

Level 2, 3-5 New Row, Dunfermline, KY12 7EA Closing Date; Monday 6th April 2015

EDUCATION, QUALIFICATIONS AND TRAINING

Please give details of any courses/training, vocational or professional qualifications relevant to this application whether or not it led to a qualification.

Course Title	Qualification or Result	Study Method <i>(Eg part time/ full time college/ home study)</i>	Course duration

MEMBERSHIP OF RELEVANT PROFESSIONAL OR TECHNICAL BODIES

Institute or Association	How obtained <i>(eg Examination or Election)</i>	Date Obtained	Grade of Membership	Still Valid? <i>(Yes/No)</i>

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PROFESSIONAL REGISTRATION *(Please complete as appropriate)*

For Social Work posts, (if you are currently registered.)	SSSC Registration No:	
For teaching posts	GTC Registration No:	
For membership of any other registered professional body.	Name of issuing body:	
	Registration No:	

DRIVING LICENCE

Please give the following information only where the Job Details show that driving is an essential part of the post. You should indicate your answer by marking X as appropriate.							
Do you hold a valid Driving Licence?				Yes		No	
Categories of licence held:	Car		PSV		LGV		HGV
Do you hold a current MIDAS Certificate?				Yes		No	

APPLICATION FOR EMPLOYMENT – SECTION 3

Part Time Facilitator Post

ADDITIONAL INFORMATION

Please give details of your abilities, knowledge and experience, relevant to the post, under the following headings. Please continue on a separate sheet if necessary.

WORKING WITH PEOPLE

Please give examples of how you have worked with others and how you have influenced them.

ORGANISATIONAL SKILLS

Giving examples, please detail your ability to organise work objectives, to solve problems and meet objectives.

INITIATIVE

Please give examples of any situations in which you have used your initiative to promote improvement.

ADAPTABILITY

Using examples, please describe your ability to deal with work challenges and changes.

APPLICATION FOR EMPLOYMENT

Part Time Facilitator

EQUAL OPPORTUNITIES MONITORING FORM

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the selection process and will be used for monitoring purposes only. All information will be treated in strict confidence and names will not be shown in any statistics produced.

Please complete all sections either typed or in **black** ink and return with your application form. Insert **X** in question boxes that do not require a written answer.

1	Name	
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2: Details of the job you are applying for									
Job Title									
Service									
Job Share		Full-Time		Part Time		Permanent		Temp	
Do you see this job as promotion?						Yes		No	

3	What is your Gender?	Male		Female	
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4	What is your age?		
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5	<i>The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.</i>				
	Do you consider that you have a disability?	Yes		No	
	If you answered yes, please state the nature of your disability:				

6	<i>Ethnic origin is about colour and broad ethnic and cultural group. Different groups may face different experiences of discrimination.</i>				
	Ethnic Categories.				
	White		Caribbean		
	Black		African		
	Asian		Other Ethnic Background		
	Chinese		Mixed Race		

7	Please say how you heard about this job.				
	Advertisement (say where)				
	Internet Site (say which)				
	Job Centre				
	Through an organisation (say which)				
	Other (give details)				

	Someone you know		
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I give permission for the details from this monitoring form to be held on computer.

(Submitting the form by e-mail gives this permission)

Signed

Date

Thank you for helping us to implement our policy of promoting equality of opportunity and eliminating discrimination