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| NORTH AYRSHIRE WOMEN’S AID EMPLOYMENT APPLICATION FORM |
| Post Applied for: |

SECTION A: PERSONAL INFORMATION   
(CONFIDENTIAL - This section will be removed for short listing purposes)

1. Personal Details:

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| First Names: | Surname: |
| Address: | |
| Post Code | |
| Email Address: | |
| Telephone numbers: | Work: |
| Home: | Mobile: |

2. General:

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| Period of notice required by current employer: | |
| Are there any dates when you will be unavailable for interview? If so, please specify: | |
| Please give two referees, one of whom should be your present or most recent employer: | |
| Name: | Name: |
| Job Title: | Job Title: |
| Company: | Company: |
| Address: | Address: |
| Post Code: | Post Code: |
| Tel no: | Tel no: |
| Email: | Email: |
| Relationship to you: | Relationship to you: |
| May we contact them at this stage?  YES / NO (please delete as applicable) | May we contact them at this stage?  YES / NO (please delete as applicable) |

3. Right to Work in UK:

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| Are there any restrictions to your residence in the UK which might affect your right to take up employment? YES / NO (please delete as applicable)  If YES, please provide details: |

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| If you are successful in your application, will you require a work permit prior to taking up employment? YES / NO (please delete as applicable) |

4. Professional Membership

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| Are you a member of the SSSC? | If YES enter Number - |
| Are you part of the PVG Scheme? | If YES enter Number - |

5. Data Protection Statement:

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| The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment.  The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or a third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.  We may check the information collected on this form with third parties or with other information held by us. We may also use or pass to certain third parties’ information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.  By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Commissioner. |

6. Declaration:

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| I declare that to the best of my knowledge and belief that the information given herein is correct and complete. I understand that NAWA reserves the right to withdraw the offer of employment or to terminate employment already commenced if the information provided to NAWA is inaccurate or misleading in any way. Any job offer is conditional upon receipt of satisfactory references and, if required by NAWA any medical reports or disclosure check. | |
| Signed: | Date: |

SECTION B: EXPERIENCE, QUALIFICATIONS AND SKILLS  
(CONFIDENTIAL – This section will be used for shortlisting purposes)

7. Experience:

Please tell us about your current or most recent employment.

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| Employer: | Start date: |
| Address: | End date (if applicable): |
| Job Title: |
| Salary: |
| Brief Outline of Duties, Responsibilities and Key Achievements: | |
| Reason(s) for Leaving: | |
| If you are NOT currently in paid employment, please use the section below to tell us what you are presently doing. For example, you may be in voluntary employment or studying, or unemployed: | |

Previous Experience:

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| --- | --- |
| Employer: | Start date: |
| Address: | End date (if applicable): |
| Job Title: |
| Brief Outline of Duties, Responsibilities and Key Achievements: | |
| Reason(s) for Leaving: | |

Previous Experience (Continued):

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| --- | --- |
| Employer: | Start date: |
| Address: | End date (if applicable): |
| Job Title: |
| Brief Outline of Duties, Responsibilities and Key Achievements: | |
| Reason(s) for Leaving: | |

Please duplicate this sheet / continue on a separate sheet if necessary, numbering all printed pages clearly.

8. Formal Educational, Technical & Professional Qualifications:  
*Please name any institute or professional body in full, the name of the qualification, attainment level and the relevant dates:*

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9. Personal Development:  
*Please give details of any other courses, memberships or voluntary work which you consider relevant to this application:*

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Please continue on a separate sheet if necessary, numbering all printed pages clearly.

10. Please use this space to provide your evidence against the Essential Criterion listed in the advert. You may wish to use the STARR approach (Situation, Task, Action, Result, Reflection). (300-word limit)

*Essential Criteria 1*

*Experience of working with individuals or groups who present with complex needs and who would be identified as vulnerable*

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Essential Criteria 2

*Experience of working in a structured way with individuals producing appropriate and effective care plans*

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Essential Criteria 3

*Excellent communicator in writing and speaking to a variety of audience’s including individuals, colleagues, managers and external partners.*

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Essential Criteria 4

*High degree of sensitivity and resilience in dealing with clients who have experienced trauma and are often emotionally vulnerable*

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Essential Criteria 5

*Please demonstrate an occasion when you used your own initiative to ensure that an aspect of your service was delivered.*

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Essential Criteria 6:

*Demonstrate ways in which you have prepared and written reports which have provided evidence of success either for an individual or organisation.*

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