

APPLICATION FOR EMPLOYMENT



For Office Use only

Starting Salary £ _____ pa

Start Date _____

Please print details clearly

Position Applied For:

PERSONAL

Surname:

Address:

Postcode:

First names:

Contact Numbers:

Home:

Mobile:

Email:

Date of Birth:

Have you previously worked for us?

Yes

No

If Yes, when?

Are you eligible for employment in the UK?

On what date would you be available to commence work?

Do you have a current driving licence?

Yes

No

Is the licence clean?

Yes

No

If no, please give details:

Have you ever been convicted of a criminal offence including spent convictions under the Rehabilitation of Offenders Act 1974 as amend?

How did you find out about this vacancy?

Tel/text: 0141 777 6111 Fax: 0141 775 3311

Email: info@deafblindscotland.org.uk

Web: www.deafblindscotland.org.uk

Scottish Charity No. SC 031167 Company Reg. No. 216974

Chair: Robert Nolan Chief Executive: Drena O'Malley

24-HOUR FREE HELPLINE **0800 132320**

For deafblind people and those who support them
- do use us for help, information

EDUCATION

Secondary Schools	From	To	Examinations and Results

College/University	From	To	Examinations and Results

Further Education and Formal Training	From	To	Examinations and Results

Professional Membership and Qualifications:

PREVIOUS EMPLOYMENT

Please list below your present and previous employment, beginning with the most recent:

Name and Address of Company		Job Title and Duties:		
Telephone No:		Salary:		
Nature of Company:		From	To	Reason for leaving

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REFERENCES

Please give details of two people or former employers (ideally including present employer) we can approach for references (not relatives).

Name	Name
Occupation	Occupation
Address	Address
Postcode	Postcode
Telephone No:	Telephone No:

Please use this space to tell us why you think that you would like to work for Deafblind Scotland, and why you feel your qualities and experiences would be of benefit to the organisation (continue on separate sheet if required):

I consent to Deafblind Scotland to disclose any information, I provide to them to purchases of services. For example, a Local Authority wishing to establish my Disclosure Scotland status.

I confirm that the facts given on this application are, to the best of my knowledge, true and complete.

Date _____ Signature _____

Personal data held for any purpose shall not be used or disclosed in any manner incompatible with that purpose.

EQUAL OPPORTUNITIES QUESTIONNAIRE



**DEAFBLIND
SCOTLAND**

Deafblind Scotland is an equal opportunities employer and all applicants for jobs in Deafblind Scotland will receive equal treatment irrespective of their race, colour, nationality or ethnic/national origin, religion or belief, sex, sexuality, actual or perceived AIDS/HIV status or perceived association with an HIV positive person, marital status, age, social background or disability.

In order to help Deafblind Scotland ensure that its equal opportunity policy is being carried out, would you please provide the information requested below. This information will be kept in strictest confidence separate from your application form and used for statistical purposes only. Please note, the provision of information in this section is entirely voluntary and, if you chose not to do so, this will not be held against you when considering your suitability for the job.

Thank you for your co-operation.

Post

Personal Details

Age Group – please tick to indicate which age group you fall within:

Under 18 Years Old

18 To 64 Years Old

65+ Years Old

Please tick the appropriate box to indicate your sex:

Female

Male

Are you currently in paid Employment?

Yes

NO

Please show your ethnic origin by ticking one of the boxes below.

White

Scottish

Other British

Irish

Any other white background, please write in:

Mixed

Any Mixed background, please write in:

Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please write in:

Black, Black Scottish or Black British

Caribbean

African

Any other Black background, please write in:

Other ethnic background

Any Other background, please write in:

Do you consider yourself to have a disability?

Yes

NO

Where did you see the post advertised?

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