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| Post Applied for: |  |

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| Thank you for you interest in opportunities with One Step Borders C.I.C, the information provided on this form will be treated in confidence.  |

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| Contact Details |

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| --- | --- | --- | --- |
| First name  |   | Surname: |  |
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| --- | --- |
| Address: |  |
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|  |  |
| --- | --- |
| Postcode: |  |

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| --- | --- |
| Telephone: |  |
| Email: |  |
| Where did you hear about this vacancy? |  |

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| Information  |

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| --- | --- | --- | --- | --- |
| Are you eligible to work in the UK? | Yes | [ ]  | No | [ ]  |
| Do you hold a full, clean driving license valid in the UK? | Yes | [ ]  | No | [ ]  |
| Do we need to make any specific arrangements in order for you to attend the interview? | Yes | [ ]  | No | [ ]  |
| If yes, please give details: |
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| Are you currently a member of the PVG Scheme? Yes [ ]  No [ ] When are you available to work?  |
| Days  | Yes | [ ]  | No | [ ]  |
| Evenings | Yes | [ ]  | No | [ ]  |
| Weekends | Yes | [ ]  | No | [ ]  |

How many hours per week are you looking to work? (this post is for between 15 and 25 hrs per week)………………………… |

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| Employment History |
| Starting with the most recent please give details of your previous employment. Please indicate if these are full time, part time, casual or voluntary roles, and account for any gaps in your employment history. |

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| Name of Employer: |  |
| Address & postcode |  |
|  |  |
| Job Title:  |  |
| Employed from: |  | Employed to: |  |
| Salary |  | Reason for leaving |  |
| Summary of your duties and responsibilities in this role: |
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| --- | --- |
| Name of Employer: |       |
| Address & postcode |       |
|  |  |
| Job Title:  |       |
| Employed from: |       | Employed to: |       |
| Summary of your duties and responsibilities in this role: |
|       |
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| --- | --- |
| Name of Employer: |       |
| Address & postcode |       |
|  |  |
| Job Title:  |       |
| Employed from: |       | Employed to: |       |
| Summary of your duties and responsibilities in this role: |
|       |

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| Education, Training & Qualifications |

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| --- | --- | --- |
| **Date** | **College or Training Provider** | **Qualifications and grades obtained** |
|       |       |       |
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| Professional Membership |
| Please give details of any professional memberships you currently hold. |

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| Professional body:  |       |
| Member since: |       |  |  |
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|  **References** |

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| Please give the name of 2 referees. Your first referee should be your current or most recent employer, the second referee should be a previous employer. If this is your first job please give details of your head teacher or college tutor. If your previous employer no longer exists, please give the name of a responsible person to act as a personal referee, this person must not be related to you and must have known you for at least 3 years. |

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| **Reference 1** |  | **Reference 2** |

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| --- | --- | --- | --- |
| Name: |       | Name: |       |

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| --- | --- | --- | --- |
| Position (job title): |       | Position (job title): |       |

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| --- | --- | --- | --- |
| Relationship: |       | Relationship: |       |

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| --- | --- | --- | --- |
| Organisation: |       | Organisation: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Address & Postcode |       | Address & Postcode |       |
|  |       |  |       |
|  |       |  |       |

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| --- | --- | --- | --- |
| Telephone: |       | Telephone: |       |

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| E-mail: |       | E-mail: |       |

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| May we contact this referee prior to appointment? | Yes | [ ]  | No | [ ]  | May we contact this referee prior to appointment? | Yes | [ ]  | No | [ ]  |

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| **Rehabilitation of Offenders Act (Exceptions) Order 1975** |
| The nature of the work for which you are applying requires that this post is exempt from the provision of Section 4(ii) of the Rehabilitation of Offenders Act, 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order, 1975 and you are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Nurture the Borders |

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| Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges (please tick)? | Yes | [ ]  | No | [ ]  |
| Are you aware of any adverse information that is currently held against you (please tick)? | Yes | [ ]  | No | [ ]  |

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| Personal Statement |
| Please use this section to tell is about you your experience and what skills you can bring to the role. Tell us about why you have applied for this position and what you hope to achieve in the role if you are successful. |
|  |
| Continue on a separate sheet if necessary |

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|  **Declaration** |
| **I confirm to the best of my knowledge the information in this application form is true and correct to the best of my knowledge and belief and will be treated as part of any subsequent contract of employment.** |

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| Signed: |  | **Date:** |  |
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|  **Please return this form to:** |
| alex@onestepborders.info**Alternatively you can post it to us at:****One Step Borders SCIO****Unit 6 Tweed Mill Business Park****Dunsdale Road****Selkirk****TD7 5DZ** |

We endeavour to monitor the gender, marital status, age, and ethnicity and sexual orientation of applicants, together with whether they have a disability, a religion or belief, or dependent care responsibilities. This monitoring is a means of checking whether unfair or individual discrimination is taking place and whether our equal opportunities policy is being implemented.

Your anonymous completion of this confidential form will help us to do this and our workforce will benefit as a result of collecting the information. The form is removed from your application information and is not part of the selection process. We use the form to collate the information for monitoring and statistical purposes, following which it is destroyed.

Post applied for:

Please print out form and for each section tick only the box which applies to you. If completing the form electronically, click only on the box which applies to you.

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| **Ethnicity** |
| A) White Scottish [ ] B) Other White British [ ] C) White Irish [ ] D) Other White [ ] background E) Indian [ ]  | F) Pakistani [ ]  G) Bangladesh [ ] H) Other South Asian [ ] I) Chinese [ ] J) Caribbean [ ] K) African [ ]  | L) Other Black background [ ] M) Mixed background [ ] N) Other ethnic background  [ ] Please write in:     O) Prefer not to answer [ ]  |
| **NOTE: Ethnicity refers to broad ethnic group NOT place of birth or nationality – e.g. UK citizens can belong to any of the groups indicated.** |
|  |
| **Sexual orientation:** |
| 1. Heterosexual [ ]
2. Homosexual [ ]
 | 1. Bisexual [ ]
2. Prefer not to answer [ ]
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|  |
| **Disability** |
| A)I am registered disabled [ ] B) I have a physical or mental condition or impairment which has a substantial and long-term adverse effect on my ability to carry out normal day-to-day activities (definition of disabled under the Disability Discrimination Act 1995) but I am not registered disabled [ ] C) Although I do not have a disability, I consider myself as having some kind of support needs [ ] D) I do not consider myself as having any disability or support needs [ ] E) Prefer not to answer [ ]  |
| If you ticked A , B or C above, please indicate type of condition, impairment or support needs here: |
| 1) Sensory impairment [ ] 2) Physical impairment [ ] 3) Medical condition [ ] 4) Mental health disability [ ]  | 5) Learning disability [ ] 6) Other disability, condition or impairment [ ]  Please write in:      | 7) Support needs [ ] Please write in:     8) Prefer not to answer [ ]   |
|  |
| **Religion or belief** |
| A) I consider myself as having a religion or belief [ ]  B) I do not consider myself as having a religion or belief [ ]  C) Prefer not to answer [ ]  |
| If you ticked A above, please indicate religion or belief here: |
| 1) Christian [ ]  2) Buddhist [ ]  3) Hindu [ ]  4) Jewish [ ]  5) Muslim [ ]  6) Sikh [ ]  7) Other religion or belief [ ]  Please write in:      |
|  |
| **Dependent care responsibilities** |
| A) I have the primary responsibility for looking after a dependant (parent, child, spouse etc.) [ ] B) I share dependent care responsibilities with someone else [ ] C) I have no dependent care responsibilities [ ] D) Prefer not to answer [ ]  |

Thank you for completing this confidential form. Please return it along with your application information..