East Ayrshire Churches   
Homelessness Action (EACHa)   
3-19 John Dickie Street

Kilmarnock

East Ayrshire  
KA1 1HW

www.eacha.org.uk

info@eacharecovery.org

01563 541227

# Application Form

|  |  |  |
| --- | --- | --- |
| Application for  the Post of: |  | |
|  |  |  | |

# Personal Information Previous Name(s): (if applicable)

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

|  |  |
| --- | --- |
| First Name(s): |  |

|  |  |
| --- | --- |
| Home Address:  Please specify alternative correspondence address on a separate sheet. |  |
| Postcode: |

|  |  |
| --- | --- |
| E-mail address: |  |

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| Do you have a full current driving licence? | Yes |  | No |  | Home Telephone  Number: |  |

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| Do you have daily use of a vehicle? | Yes |  | No |  | Work Telephone Number: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Do you have any penalty points on your licence? | Yes |  | No |  | Mobile Telephone Number: |  |

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| If so, how many? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability? | Yes |  | No |  |

(NB: The Equality Act defines a person as having a disability if he/she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you have a disability, are there any arrangements which we can make for you  if you are called for interview? | Yes |  | No |  |

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| If yes, please outline your requirements: |

|  |  |
| --- | --- |
| How did you find out about this job? |  |

# Present (or Most Recent) Employment

|  |
| --- |
| Employer/School Name, Address and Telephone Number: |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Started: |  | Job Title: |  |

|  |  |
| --- | --- |
| Present or Final Grade/Salary: |  |

|  |
| --- |
| Specify any Additional Benefits/Payments you Receive: |

|  |  |  |  |
| --- | --- | --- | --- |
| Notice Required: |  | Date of Leaving (if applicable): |  |

|  |  |
| --- | --- |
| Reason for leaving (if applicable): |  |

|  |
| --- |
| Please Provide a Brief Description of Duties of the Post (Continue on a separate sheet if necessary): |
|  |

# Previous Employment

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education.

(Continue on a separate sheet if necessary).

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Employer, Address & Telephone Number |  | | |
| Start Date: |  | End Date: (If applicable) |  |
| Salary: |  | | |
| Brief Details of Duties & Achievements: |  | | |
| Reason for Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Employer, Address & Telephone Number |  | | |
| Start Date: |  | End Date: (If applicable) |  |
| Salary: |  | | |
| Brief Details of Duties & Achievements: |  | | |
| Reason for Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Employer, Address & Telephone Number |  | | |
| Start Date: |  | End Date: (If applicable) |  |
| Salary: |  | | |
| Brief Details of Duties & Achievements: |  | | |
| Reason for Leaving |  | | |

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| --- | --- | --- | --- |
| Job Title: |  | | |
| Employer, Address & Telephone Number |  | | |
| Start Date: |  | End Date: (If applicable) |  |
| Salary: |  | | |
| Brief Details of Duties & Achievements: |  | | |
| Reason for Leaving |  | | |

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| --- | --- | --- | --- |
| Job Title: |  | | |
| Employer, Address & Telephone Number |  | | |
| Start Date: |  | End Date: (If applicable) |  |
| Salary: |  | | |
| Brief Details of Duties & Achievements: |  | | |
| Reason for Leaving |  | | |

# Education

Please give details of all nationally recognised qualifications awarded/results awaited; **from GCSE/O Level to Further Degree Level** or their equivalents in chronological order.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Attended | | Name of  School/College: | Qualification: | Subject: | Full  or Part Time | Grade/  Level: | Date Gained: |
| From (mm/yy) | To (mm/yy) |
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**Copies of essential qualifications will be required on appointment.**

**Training (Other / Continuing Professional Development)**

Please list any relevant courses or training you have attended in the last five years starting with the most recent

Please continue on a separate sheet if necessary.

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| --- | --- | --- | --- |
| Title of Course: | Organising Body: | Awards (if any): | Date of Attendance: (mm/yy) |
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# Additional Information

Please give any details you wish in support of your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the information sent to you.

Please continue on a separate sheet if necessary

**NOTE: Your response to this section is extremely important and will be the basis of the short-listing panel's decision to invite you for interview.**

|  |
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# References

In accordance with our statutory obligations we are required to obtain references. Please provide details of two referees below that we can contact for a reference. Friends and relatives are NOT acceptable referees. One of the referees must be your present/or most recent employer and normally no offer of employment will be made without reference to him/her. If you have not previously been employed, then Head Teachers, College Lecturers, or other persons who are able to comment authoritatively on your educational background and/or personal qualities, are acceptable as referees.

**1st Referee**

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

|  |  |
| --- | --- |
| E-Mail Address: (Please provide wherever possible) |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |  | Capacity: |  |

|  |  |  |
| --- | --- | --- |
| Please indicate here if you are happy for this referee to be contacted at this stage | Yes | No |

**2nd Referee**

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

|  |  |
| --- | --- |
| E-Mail Address: (Please provide wherever possible) |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |  | Capacity: |  |

|  |  |  |
| --- | --- | --- |
| Please indicate here if you are happy for this referee to be contacted at this stage | Yes | No |

**Please note that, in all cases, references will be taken up before a firm offer of appointment is made.**

# Online Checks

**Please note:** In accordance with our statutory obligations we are required to conduct an online search as part of our due diligence on shortlisted candidates. This may help identify any incidents or issues that have happened, and are publicly available online, which we might want to explore with you at interview.

# Immigration, Asylum and Nationality Act 2006

All short-listed applicants will be required to provide original material evidence of their Eligibility to Work in the UK. Please confirm that you are able to provide the appropriate documents.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Yes |  | No |  |

# PROTECTION OF VULNERABLE PEOPLE:

|  |  |
| --- | --- |
| As part of the Recruitment and Selection process East Ayrshire Recovery Hub uses the Disclosure Scotland and Protection of Vulnerable Groups (PVG) service for relevant posts. A criminal record check is carried out on every successful applicant who has been offered a post, subject to the check being satisfactory. No approach will be made without written permission of the successful applicant who will be asked to sign and complete a disclosure application or PVG application as appropriate, giving authorisation for the check to be undertaken. No appointment will be made without appropriate clearance being approved. | |
| Are you currently registered with the PVG Scheme? | YES/NO |

**Declaration of Convictions:**

Do you have any criminal convictions? You are not entitled to withhold details of any convictions which may otherwise be regarded as spent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No |  |

If ‘Yes’, please state the date, court, conviction details and sentence imposed.

|  |
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**Declaration of Relationships:**

To your knowledge are you related to a member of staff, or anyone elected to or employed by EACHa or East Ayrshire Recovery Hub?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No |  |

If ‘Yes’, please state their name and position held:

|  |
| --- |
|  |

The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA 2018), the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.

I declare that all the information I have provided is true, that I have not canvassed a member/officer of the organisation, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the organisation or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

Signed:         
  
Date:

**Equality and Diversity Monitoring Form**

**Please note the details provided below are for information monitoring purposes only and will be detached from your application form prior to shortlisting and interview.**

East Ayrshire Recovery Hubwants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary.

**Gender:**

Man \* Woman \* Intersex \* Non-binary \* Prefer not to say \* If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?**

Yes \* No \* Prefer not to say \*

**Age:**

16-24\* 25-29 \* 30-34 \* 35-39\* 40-44 \* 45-49 \* 50-54 \*55-59 \* 60-64 \* 65+ \* Prefer not to say \* Date of birth:……………………….

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English \* Welsh \* Scottish \* Northern Irish \* Irish \* British \* Gypsy or Irish Traveller \* Prefer not to say \*

Any other white background, please write in………………………………………

***Mixed/multiple ethnic groups***

White and Black Caribbean \* White and Black African \* White and Asian \* Prefer not to say \*

Any other mixed background, please write in……………………………………….

***Asian/Asian British***

Indian \* Pakistani \* Bangladeshi \* Chinese \* Prefer not to say \*

Any other Asian background, please write in………………………………………..

***Black/ African/ Caribbean/ Black British***

African \* Caribbean \* Prefer not to say \*

Any other Black/African/Caribbean background, please write in: …………………………………………

***Other ethnic group:***

Arab \* Prefer not to say \*

Any other ethnic group, please write in ..………………………………………………………………………

**Do you consider yourself to have a disability or health condition?**

Yes\* No \* Prefer not to say \*

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual \* Gay \* Lesbian \* Bisexual \* Prefer not to say \*

If you prefer to use your own term, please write in ………………………………………………

**What is your religion or belief?**

No religion or belief \* Buddhist \* Christian \* Hindu \* Jewish \* Muslim \* Sikh \*

Prefer not to say \*

If other religion or belief, please write in ……………………………………………………………

**What is your current working pattern?**

Full-time \* Part-time \* Prefer not to say \*

**What is your flexible working arrangement?**

None \* Flexi-time \* Staggered hours \* Term-time hours \*

Annualised hours \* Job-share \* Flexible shifts \* Compressed hours \*

Homeworking \* Prefer not to say \*

If other, please write in ……………………………………………………………………………….

**Do you have caring responsibilities? If yes, please tick all that apply**

None \* Primary carer of a child/children (under 18) \* Primary carer of disabled children \*

Primary carer of disabled adult (18 and over) \* Primary carer of older person \*

Secondary carer (another person carries out the main caring role) \* Prefer not to say \*