PROVAN HALL COMMUNITY MANAGEMENT TRUST

**Application Form**

Please write clearly in black ink or type

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| --- | --- | --- | --- |
| Position applied for: | | | |
| SECTION A – Personal Details | | | |
| Surname: |  | | |
| Initials: |  | | |
| Phone no: |  | | |
| Email: |  | | |
| Address: |  | | |
| SECTION B – Education and Professional Qualifications *Original documents will be required as proof of qualification if you are selected for interview. Please use an additional sheet if required.* | | | |
| Secondary school, College, University etc. | | Exams taken | Result |
|  | |  |  |
| **SECTION C – Present or most recent employment.**  *If you are currently not in employment, please give details of your current activities.* | | | |
| Title of post held: |  | | |
| Name and Address of employer: |  | | |
| Start date: |  | | |
| End date: |  | | |
| Please outline your responsibilities:  *Please use an additional sheet if required, but please do not use more than 300 words.* | | | |
|  | | | |
| Reason for leaving: (if applicable) |  | | |
| Notice required: |  | | |
| SECTION D – Previous experience *Please detail your previous experience, starting with the most recent. Include positions like volunteering, work experience and internships. Please include reasons for any gaps.* | | | |
| Name and address of employer | Position held and dates | Summary of role and responsibilities | Reason for leaving |
|  |  |  |  |
| SECTION E – Personal Statement *Please say why you are applying for this post, outline your experience, achievements, qualifications, training and personal qualities that you feel would make you succeed in this role.*  *Please use an additional sheet if required, but please do not use more than 500 words.* | | | |
|  | | | |
| SECTION F – Other information | | | |
| Do you hold a current driving licence? | Please tick as appropriate | YES | NO |
|  | | | |
| Accessibility for interview Do you have any accessibility requirements which we need to consider to arrange an interview for you? e.g. providing someone to sign for you, allowing additional time in the interview, physical requirements such as a lift etc. | | | |
| If yes, please provide further details. | | | |
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| Disclosure Scotland This post will require completion of a self-declaration form and a Disclosure Scotland check at PVG level. Disclosure checks will only be requested for those applicants we wish to appoint. Please tick the box below to confirm that you understand and agree to a Disclosure Scotland check . | | | |
|  | Please tick |  |  |
|  | | | |
| Asylum and Immigration Act 1996 Under Section 8 of the Asylum and Immigration Act 1996, it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:   * That person has a current and valid permission to be in the United Kingdom and that permission does not prevent them from taking the job in question; or * The person comes into a category specified by the Home Secretary where such employment is allowed.   If you are selected for interview, you will be asked to provide proof of your right to work in the UK. | | | |
| Are you eligible to work in the UK? | Please tick as appropriate | YES | NO |
| SECTION G – References *References will only be taken up after interview. Please give details of two referees. At least one should be your current or most recent employer. If you are not currently employed, tutors, volunteer supervisors and support workers will be accepted as referees for this purpose. Referees may be asked for details of your sickness absence for the past 2 years.* | | | |
| Name and position: |  | | |
| Organisation: |  | | |
| Contact details: |  | | |
| In what capacity do you know this person? |  | | |
|  | | | |
| Name and position: |  | | |
| Organisation: |  | | |
| Contact details: |  | | |
| In what capacity do you know this person? |  | | |
|  | | | |
| SECTION H - Declaration | | | |
| I declare that the information I have given in this form is true and correct. I give my consent to my referees being contacted as indicated. | | | |
| Your signature: |  | | |
| Date: |  | | |
| Thank you for completing this application. Please return the completed form to [info@provanhall.org](mailto:info@provanhall.org) | | | |
| The information you have given us in this form will be treated in confidence and will not be shared with any third parties in line with Provan Hall Community Management Trust’s GDPR policy and Privacy Statement. | | | |