



APPLICATION FORM

PLEASE WRITE CLEARLY USING BLACK OR BLUE INK

POSITION APPLIED FOR:

THE INFORMATION CONTAINED IN THIS APPLICATION FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE AND IN ACCORDANCE WITH OUR DATA PROTECTION POLICY.

PERSONAL:

(Please complete this section in BLOCK CAPITALS)

Surname: _____ First Name(s): _____

Address: _____

Contact Tel No: _____ Mobile Tel No: _____

Email: _____

Are you involved in any activity which might limit your availability to work rotational shifts? Yes No

If YES, please give full details:

Have you ever worked for The Pickaquoy Centre before? Yes No

If YES, please give full details:

Do you need a work permit to take up employment in the UK? Yes No

Please include your National Insurance Number: _____

PRESENT OR LAST EMPLOYER:

Are you currently employed? Y N

Name of present or last employer: _____

Address: _____

Contact Telephone Number: _____ Email: _____

Nature of Business: _____

Job Title and a brief description of your duties: _____

Reason for Leaving: _____

Length of Service: From: _____ To: _____

Salary: _____

How much notice are you required to give to your current employer: _____

EMPLOYMENT DETAILS:

Please give details of your past 10 years employment, excluding your present or last employer, stating the most recent first. Please use additional paper if required.

Name & Address of Employer	Dates	Position Held/Main Duties	Reason for Leaving

What attracts you to the post? _____

What qualities can you bring to the post? _____

SUPPLEMENTARY INFORMATION:

Please supply any further information to support your application on an additional sheet particularly in relation to this post and the person specification, e.g. past achievements, future aspirations, personal strengths.

Please state if you have a relationship with any members of the Trust or employees at the Centre:

Employee/Member of Trust: _____ Relationship: _____

DECLARATION:

I declare that the information given on this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I understand that Reference Checks/PVG Checks/Disclosure Scotland form part of the application process of The Pickaquoy Centre.

All of the details held within this application will be held in the strictest confidence by The Pickaquoy Centre, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998. The relevant provisions of the Rehabilitation Of Offenders Act 1974 apply to this post.

Signature: _____ Date: _____

REFERENCES:

Please give the names of two employment referees.

Can we approach your current employer before an offer of employment is made: Y N

Name: _____ Name: _____

Position: _____ Position: _____

Address: _____ Address: _____

Tel No: _____ Tel No: _____

E-mail: _____ E-mail: _____

Relationship: _____ Relationship: _____

SOURCE OF APPLICATION:

How did you become aware of this vacancy? _____