

APPLICATION FOR EMPLOYMENT



**DEAFBLIND
SCOTLAND**

For Office Use only

Starting Salary £_____pa

Start Date_____

Please print details clearly

Position Applied For:

PERSONAL

Surname:

First names:

Address:

Contact Numbers:

Home:

Mobile:

Postcode:

Email:

Have you previously worked for us? Yes No

If Yes, when?

Are you eligible for employment in the UK?

Are there any adjustments that may be required should you be invited to interview?

If so please state here:

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?

On what date would you be available to commence work?

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

24-HOUR FREE HELPLINE **0800 132320**

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

EDUCATION

| Secondary Schools | Examinations and Results |
|-------------------|--------------------------|
| | |

| College/University | Examinations and Results |
|--------------------|--------------------------|
| | |

| Further Education and Formal Training | 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 | |

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

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MOTIVATION AND EXPERIENCE

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):

HEALTH

How many days absence you have had in the past two years as a result of ill health?

Please give details of any relevant health condition, which could affect your ability to do the job, eg back pain or cardiac problems etc.

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: |

I consent to Deafblind Scotland to disclose any information, I provide to them to purchasers 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 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
Where did you see the post advertised?

Personal Details

Date of Birth:

Please tick the appropriate box to indicate your sex: Female Male

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

White

Scottish Other British Irish Any other white background*

Mixed

White & Black Caribbean White & Black African White & Asian Any other Mixed Background*

Asian, Asian Scottish or Asian British

Indian Pakistani Bangladeshi Any other Asian background*

Black, Black Scottish or Black British

Caribbean African Any other Black background*

Chinese or Other Ethnic Background

Chinese Any Other background*

*please specify

Do you consider yourself to have a disability? Yes No

If yes please state nature of disability:

If you wish you may disclose information about yourself in this section about your:

Religion

Sexual orientation

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