Application Form

Applicants must complete all sections with the information required.

**Boxes will expand as you type.**

Please do not attach a CV – any CVs will be discarded before the short-listing process.

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| **Post Title: FUNDRAISING OFFICER (TEMPORARY)** |
| **How did you find out about this post?** | **Candidate ID No:** *(Office use only – leave blank)* |

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| **Personal details** |

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| --- | --- | --- |
| Title: | Forename(s): | Surname: |
| Address: |
| Postcode: |
| Tel No. (Day): | Tel No. (Evening): |
| Tel No. (Mobile): | E-mail Address: |

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| **Present employment** (current or most recent employer) |

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| Name & address of employer: |
| Job Title: | Salary: |
| Date appointed: | Date left: |
| Reason for leaving/seeking change: |
| Summary of duties and responsibilities: |

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| **Previous employment** (4 most recent posts) |

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| --- | --- | --- | --- |
| DatesFrom - To | Name & address of employer | Job Title and summary of main duties/responsibilities | Reason for leaving |
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| **Learning & development/ Voluntary work** |

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| Please detail any relevant learning and development activities or professional training that you have undertaken. Also please detail any voluntary work you have carried out.  |
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| **Further education**  |

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| --- | --- | --- |
| University/College/Institute attended | Dates of Attendance | Subject studied/ qualifications gained |
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| **Disability** |

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| Is there any disability, health problem or other factor which might affect your ability to undertake the duties required of this post or would you require Scottish Families Affected by Alcohol and Drugs to make adjustments to your working environment? Please give details. |
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| **Statement in support of application** |

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| Please use this space to evidence how your skills, experience, personal qualities and achievements make you suitable for this position**.**  |
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| **Career development** |

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| How do you see this post contributing to your future career development? |
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| **Other** |

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| --- | --- | --- | --- | --- |
| Do you have the right to take up employment in the UK? | Yes |  | No |  |

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| **References**Please give details of 2 referees, one of which must be your present or most recent employer |

**First Referee**

|  |  |
| --- | --- |
| Name: | Job Title: |
| Address: |
| Postcode: |  |
| Tel. No: | E-mail: |
| Capacity in which giving reference: |
| May we contact the above prior to interview? | Yes |  | No |  |

**Second Referee**

|  |  |
| --- | --- |
| Name: | Job Title: |
| Address: |
| Postcode: |  |
| Tel. No: | E-mail: |
| Capacity in which giving reference: |
| May we contact the above prior to interview? | Yes |  | No |  |

**Data protection Act 1998**

Scottish Families Affected by Alcohol and Drugs will use the information provided in this application pack for the purpose of processing your application and monitoring our recruitment process. The information you provide will be stored securely and will not be retained longer than necessary.

If your application is successful Scottish Families Affected by Alcohol and Drugs may be required to share some of the information you provide with statutory bodies, for example, the Department of Work and Pensions. Under the Act you have a right to access the information Scottish Families Affected by Alcohol and Drugs holds on you. If you would like to do this, please apply in writing.

**Declaration**

I declare that to the best of my knowledge, the information contained on this application is both accurate and truthful and I consent to details being retained confidentially and used for specific and lawful purposes.

|  |  |
| --- | --- |
| Signature:*(Type name or insert electronic signature)* | Date: |

Please submit this form electronically along with your completed Equality and Diversity monitoring form by uploading to our Breathe HR portal:

<https://sfad.breathehr.com/recruitment/vacancies/2806>

**Closing date: 12 noon, Friday 12th October 2018**

*Please contact Scottish Families on 0141 465 7523/ info@sfad.org.uk if you have any queries about uploading your forms.*