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** | |
| **FAMILY SUPPORT ASSISTANT – FORTH VALLEY FAMILY SUPPORT SERVICE** | |
| **How did you find out about this post?** | **Candidate ID No:**  ***(Office use only – leave blank)*** |
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| **Personal details** | | |
| **Title** | **Forename(s)** | **Surname:** |
|  |  |  |
| **Address** | | **Postcode** |
|  | |  |
| **Tel No. (preferably mobile** | | **E-mail Address** |
|  | |  |

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| **Present employment** (current or most recent employer) | | | | | |
| **Employer Name/ Address** |  | | | | |
| **Job Title:** |  | | | **Salary:** |  |
| **Date appointed:** |  | **Date left**: |  | **Current Employment** | |
| **Reason for leaving/seeking change:** | |  | | | |
| **Summary of duties and responsibilities:** | |  | | | |

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| **Previous Employment (1)** | | | |
| **Employer Name and Address** | |  | |
| **From** | **To** | **Job Title and summary of main duties/responsibilities** | **Reason for Leaving** |
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| **Previous Employment (2)** | | | |
| **Employer Name and Address** | |  | |
| **From** | **To** | **Job Title and summary of main duties/responsibilities** | **Reason for Leaving** |
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| **Previous Employment (3)** | | | |
| **Employer Name and Address** | |  | |
| **From** | **To** | **Job Title and summary of main duties /responsibilities** | **Reason for Leaving** |
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| **Previous Employment (4)** | | | |
| **Employer Name and Address** | |  | |
| **From** | **To** | **Job Title and summary of main duties/responsibilities** | **Reason for Leaving** |
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| **Learning & Development/ Voluntary work** |
| 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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| **Professional Qualifications** | | |
| **Professional Award Body** | **Date of Qualification** | **Name of Qualification** |
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| **Further Education** | | | |
| **University/College/Institute attended** | **Dates of Attendance** | | **Subject studied/ qualifications gained** |
| **From** | **To** |
|  |  |  |  |
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| **Disability** | | |
| 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? | | |
| **Yes** | **No** |  |
| **If yes, please give details** | | |

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| **Statement in support of application** |
| **With reference to the JOB DESCRIPTION and PERSON SPECIFICATION for this post**, please use this space to evidence how your Qualifications, Experience, Knowledge, Skills and Other attributes make you suitable for this position**.**  Maximum length: 1,000 words total (equivalent to 2 pages of A4).  Note that any text in excess of 1,000 words will not be read. |
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| **Career development** |
| **How do you see this post contributing to your future career development?** |
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| **Other** | | |
| **Do you have the right to take up employment in the UK?**  **(Tick the relevant box)** | **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** |

**GENERAL DATA PROTECTION REGULATIONS (DATA PROTECTION ACT 2018)**

**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/13329>

**Closing date: 11.59pm, Sunday 18 October 2020**

**PLEASE NOTE**!!

YOU MUST UPLOAD BOTH COMPLETED FORMS **AT THE SAME TIME** AS YOU ADD YOUR PERSONAL DETAILS TO BREATHE, THE SYSTEM DOES NOT ALLOW YOU TO RETURN LATER TO UPLOAD YOUR FORMS.

If you have any queries about uploading your forms, please contact:

Lynne Wandrum, Senior Family Support Development Officer

Email [lynne@sfad.org.uk](mailto:lynne@sfad.org.uk), tel 07484 024407.

*(Note Lynne is on leave from Friday 9 October until the closing date. During this period please contact Carly Patterson at carly@sfad.org.uk/ mob 07879 674061).*

*Please note our national office in Glasgow is currently closed due to the COVID-19 outbreak, and all staff are working from home.*