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** |
| **HELPLINE SUPPORT ASSISTANT** |
| **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.***

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