

H AYFIELD LTD

SUPPORT SERVICES WITH DEAF PEOPLE

APPLICATION FORM

CONFIDENTIAL

Post applied for _____

Hayfield Ltd is an equal opportunities employer. To help you apply for this position you can use this application form or you may wish to make your application form appropriate to your special needs. If there is any other way we could support you to apply for this post please contact Hayfield management on 0141 429 0335 or mail@hayfield.org.uk

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS, EITHER IN BLACK INK OR TYPEWRITTEN.

Personal Details (this page for Personnel use only)

Surname _____ First Initial _____

Address _____

Date of Birth _____ Post Code _____

Home Tel. _____ Work Tel. _____

Mobile _____ Email _____

National Insurance No. _____

With discretion can we contact you at work? Yes No

Have you applied to our organisation before? Yes No

If so, when _____

Notice due to current employer _____

Educational Background (continue on a separate sheet if necessary)

Schools, Universities, Colleges etc attended (Include the membership of any professional associations)	Dates From / To	Examinations taken Course Title (Indicate if F/T or P/T)	Award (Including Classification)

Present / Most Recent Employment (continue on a separate sheet if necessary)

Name & address of employer _____ Job title _____

_____ Date of appointment (Current Post) _____

_____ Date of leaving (if applicable) _____

_____ Reason for leaving _____

_____ Current / Final Salary _____

Summary of duties & responsibilities _____

Employment History – Most recent first (continue on a separate sheet if necessary)

Name & address of employer	Job title & nature of duties	Dates From / To	Salary & reason for leaving

Background Information in Support of this Application (continue on a separate sheet if necessary)

Please use this space to provide any further information you may wish to give in support of your application, including responsibilities, skills, experience and training courses attended which you consider relevant to the post you are applying for AND/OR provide your CV.

If offered this position will you continue to work in any other capacity? [Please give details].

Health

What is your present state of health? _____

How many days absence from work have you had as a result of ill health over the last 3 years? _____

Is there any disability, health problem or other factor which might affect your ability to undertake this post or would otherwise require Hayfield Ltd to make reasonable adjustments to your workplace? Please give details.

General Information

Interests/Hobbies:

Public Duties (JP, Local Councillor Etc) undertaken:

Do you need a work permit to work in the UK? [Yes/No]

Community / Volunteer Experience

References

Please supply the names and addresses of two persons (not relatives) one of which must be your present or most recent employer, to whom reference may be made.

Name	_____	_____
Occupation	_____	_____
Address	_____	_____
	_____	_____
	_____	_____
Tel. Number	_____	_____

It is our policy to approach referees prior to interview. May we contact your referees prior to interview?

Yes

No

Yes

No

Disclosure and PVG Scheme Record Checks

In compliance with **Part [v] of the Police Act 1997 and the Protection of Vulnerable Groups (Scotland) Act 2007**, Hayfield must request **the necessary criminal checks for all successful applicants**. A Criminal Record may not necessarily debar you from obtaining a position in Hayfield. This will depend on the nature of the position, together with the circumstances and background of offences. All information will be treated confidentially and fairly.

Declaration

Please sign below on completion of this form.

I confirm that the information contained in this application for employment is, to the best of my knowledge, correct and complete. False or incomplete information can invalidate any appointment offered.

Signature _____ **Date** _____

PLEASE RETURN THE COMPLETED APPLICATION FORM TO:

mail@hayfield.org.uk or the Manager, 260 Moffat Street, Glasgow, G5 0ND