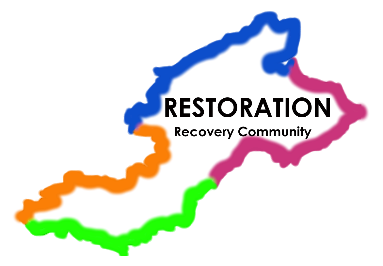
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| APPLICATION FOR EMPLOYMENT- CONFIDENTIAL **DO NOT USE THIS FORM IF APPLYING FOR A VOLUNTEER POSITION**  **(PLEASE WRITE OR TYPE IN BLACK INK AND USE ADDITIONAL SHEETS IF NECESSARY)** | | | | | | | | | |
| Position applied for:  Available to take up employment (date): | | | | | How did you learn about this vacancy: | | | | |
|  | | | | | | | | | |
| **PERSONAL DETAILS:** | | | | | | | | | |
| Surname: | | | | | First Name(s) or Initial(s): | | | | |
| Address where you can be contacted:  Tel. No:  (daytime):  (evening):  e-mail address: | | | | | N.I. No:  Do you have legal entitlement to work in the UK? | | | | |
| **EDUCATION:** | | | | | | | | | |
| SECONDARY:  Name of School & Address | | | | Examinations (subject/result, etc) | | | | | |
|  | | | |  | | | | | |
| COLLEGE/UNIVERSITY: College/Institute or other name | Type of Course | | | Main Subjects/Modules,  Qualification or class of degree | | | | | |
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| **EMPLOYMENT HISTORY**  ***Current, or most recent, employment: CV not acceptable*** | | | | | | | | | |
| Job title, main responsibilities and achievements. (If you are not currently in paid or voluntary employment please tell us what you are presently doing) | | Name of employer | | | | | Length of Employment & Hours per week | | Reason for leaving or wishing to leave: |
|  | |  | | | | |  | |  |
| ***Other significant employment or voluntary work within last ten years, starting with most recent (include length of employment)*** | | | | | | | | | |
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| **OCCUPATIONAL QUALIFICATIONS & SKILLS: *What other relevant qualifications or practical skills do you have, including personal courses and technical skills, etc., and how were they obtained?*** | | | | | | | | | |
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| **EXPLAIN HOW YOUR QUALITIES AND PREVIOUS EXPERIENCE WOULD ENABLE YOU****TO MEET THE** **REQUIREMENTS OF THE POST:** | | | | | | | | | |
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| **How would you describe yourself? Why are you interested in this post?** | | | | | | | | | |
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| **What do you think are the critical aspects of a successful recovery journey after substance misuse?** | | | | | | | | | |
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| **REHABILITATION OF OFFENDERS ACT 1974 & PROTECTION OF VULNERABLE GROUPS (SCOTLAND) ACT 2007 (as amended)** | | | | | | | | | |
| This post will require completion of the appropriate level of **PVG Disclosure Record.**  Disclosure checks will only be requested for those applicants that we wish to appoint.  (i) **Self Declaration Form:** Please confirm that you have completed the Self Declaration form and returned it to us in a sealed envelope clearly marked “Self Declaration Form”. This Self Declaration Form will only be opened in the event of you being considered for an interview.  **Please Tick**  (ii) **Disclosure Record**: Please confirm that you understand and agree to a disclosure record should we wish to appoint you to a post considered to be regulated work.  **Please tick** | | | | | | | | | |
|  | | | | | | | | | |
| **REFEREES:**  ***Name, Address and Occupation of 2 referees, 1 of whom should be your current or most recent employer. Please indicate if you have objections to a referee being contacted prior to interview.*** | | | | | | | | | |
| 1. Name and Address:  Tel no :  E-mail: | | | Occupation/Connection to You : | | | | | | |
| 2. Name and Address:  Tel no :  E-mail: | | | Occupation/Connection to You : | | | | | | |
| **DECLARATION:** | | | | | | | | | |
| I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I REALISE THAT FALSE INFORMATION OR OMISSIONS MAY LEAD TO DISMISSAL WITHOUT NOTICE.  **Signature:…………………………………………………………………………………….**  **(can be signed digitally is being submitted by email)**  **Date:………………………………………………………………………..** | | | | | | | | | |
| Please return the form to [admin@restorationfife.org.uk](mailto:admin@restorationfife.org.uk)  ***OR*** BY POST TO  Restoration, Unit 1, Ore Valley Business Centre. 93 Main Street, Lochgelly, KY5 9AF | | | | | | | | | |