**Tiphereth Camphill Community**

**Application Form – APP01**

**RELIEF - Supported Living Co-Worker**

Please return completed application form to:

Human Resource Officer

Tiphereth, 55 Torphin Road, Colinton, Edinburgh EH13 0PQ

Or by email to: recruitment@tiphereth.org.uk

**Personal Details:**

|  |  |
| --- | --- |
| **Surname** |  |
| **Forenames** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Email Address** |  |

**Qualifications and Training:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Name of Institution** | **Course** | **Qualification** | **Grade Awarded** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Are you currently registered with professional body?**

|  |  |
| --- | --- |
| [ ] **YES**  | [ ] **NO** |
| **Name of professional body:**For example: SSSC (Scottish Social Services Council) NMC (Nursing & Midwifery Council) |
| **Please provide your current registration number:** |

**Working availability:**

|  |  |
| --- | --- |
| **Hours per week** | **How many hours per week, ideally, do you want to work?** |
| **Days of the week** | **Are there days of the week you cannot work? *delete as appropriate.*****MON / TUES / WED / THURS / FRI / SAT / SUN** |
| **Hours of work** | **Are there hours you cannot work? *delete as appropriate.*****AM / PM / NIGHTS** |

**Present or Most Recent Employment / Voluntary Work:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Employer** | **Address of Employer** | **From** | **To** | **Full / Part Time** |
|  |  |   |  |  |
| **Job Title** | **Current or Most Recent Salary** | **Description of Duties and Responsibilities** |
|  |  |  |

**Previous Employment:**

*Please outline your employment history including any periods of voluntary work, unemployment and any gaps within the last five years. Please include any non-paid voluntary work.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Employer** | **Address of Employer** | **From** | **To** | **Full / Part Time** |
|  |  |   |  |  |
| **Job Title** | **Description of Duties and Responsibilities** | **Reason for Leaving** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Employer** | **Address of Employer** | **From** | **To** | **Full / Part Time** |
|  |  |   |  |  |
| **Job Title** | **Description of Duties and Responsibilities** | **Reason for Leaving** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Employer** | **Address of Employer** | **From** | **To** | **Full / Part Time** |
|  |  |   |  |  |
| **Job Title** | **Description of Duties and Responsibilities** | **Reason for Leaving** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Employer** | **Address of Employer** | **From** | **To** | **Full / Part Time** |
|  |  |   |  |  |
| **Job Title** | **Description of Duties and Responsibilities** | **Reason for Leaving** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Employer** | **Address of Employer** | **From** | **To** | **Full / Part Time** |
|  |  |   |  |  |
| **Job Title** | **Description of Duties and Responsibilities** | **Reason for Leaving** |
|  |  |  |

*Please copy and paste the above table as many times as you need it.*

**Previous Relevant Experience:**

*Please outline any additional experience, paid or voluntary, that you have had out with the five year employment history you have stated above.*

|  |
| --- |
|  |

**Other Information:**

**Do you hold a current driving licence?** *Please delete as appropriate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Manual** | **Automatic** | **Car Group B** | **Minibus D1** |
| **Y / N** | **Y / N** | **Y / N** | **Y / N** |

**Please list any endorsements:**

|  |
| --- |
|  |

**What are your interests, hobbies and spare time activities?**

|  |
| --- |
|  |

**Statement in Support of Your Application:**

*Please use this section to outline your experience, skills and knowledge relevant to the job with reference to the person specification.*

|  |
| --- |
|  |

**Values and Beliefs:**

*We would like you to indicate your personal philosophy of care and support by completing the following statements.*

|  |  |
| --- | --- |
| **I believe that my role in relation to the people I support is:** |  |
| **I believe that a good relationship between myself and the people I work with depends on:** |  |
| **I believe that Tiphereth’s service user’s family and relatives would like from me:** |  |
| **I believe that a good working team is created by:** |  |
| **As a member of a team, I feel valued when:** |  |
| **My other beliefs and values of relevance to this post are:** |  |

**Tiphereth Promotional Video:**

*We would like you to indicate if you have seen the Tiphereth Documentary; Tiphereth – Camphill in Edinburgh.*

*It can be viewed* [*https://www.youtube.com/watch?v=CwPRGBSHPEk&t=12s*](https://www.youtube.com/watch?v=CwPRGBSHPEk&t=12s)

|  |  |
| --- | --- |
| **Have you seen the video?** | [ ] YES [ ] NO |

**How did you hear about the position?**

*It is useful for us to know, for future recruitment, where you saw the position advertised e.g. Indeed, our website, Metro or other please specify.*

|  |
| --- |
|  |

**References:**

*Please give the name, address and telephone number(s) of two referees, one of which must be your present or most recent employer.*

**Reference 1:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position in the Company** |  |
| **Company Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |

**Reference 2:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position in the Company** |  |
| **Company Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |

Please indicate the amount of notice you need to give your present employer:

|  |
| --- |
|  |

Criminal Record:

*Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974. If none please state. In please state. In certain circumstances employment is dependent on obtaining a satisfactory enhanced disclosure form Disclosure Scotland.*

|  |
| --- |
|  |

**Disclosure Scotland:**

**This appointment is subject to a Disclosure Scotland check under the PVG scheme.**

|  |
| --- |
| Are you currently a member of the PVG scheme? |
| **YES** [ ]  **NO**[ ]  |
| **PVG Scheme Record Number:** |

**Data Protection:**

|  |  |
| --- | --- |
| 1. | We are aware of our obligations under data protection legislation, including the obligation to collect only the data that is required for our specific purpose. The information collected in this application form is specific to our recruitment exercise and necessary for the performance of the role that you have applied for. If you are recruited for the role you have applied for, or any other role you are offered by us, the information provided will then be used for the purposes of your employment with us, together with further information collected upon recruitment for those purposes.  |
| 2. | We will treat all personal information about you with the utmost integrity and confidentiality. Our data protection policy sets out our approach to ensuring that your data is protected in line with the data protection principles within current data protection legislation.  |
| 3. | Should your application be unsuccessful your application containing personal data will be deleted from our electronic systems and paper copies securely destroyed within one week of notification. We hold this data for one week to facilitate effective interview and application feedback if requested. |
| 4. | A copy of the privacy notice pertaining to job applicants is attached to this application. |

**Declaration:**

*Please read this carefully before signing this application.*

|  |  |
| --- | --- |
| 1. | I confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. |
| 2. | Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination.  |
| 3. | I agree that should I be successful in this application; I will be required to apply to join the PVG scheme / undertake a scheme record update with Disclosure Scotland. I understand that should I fail to do so, or should the disclosure not be satisfaction of Tiphereth any employment offer may be withdrawn, or my employment terminated. |

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

**Equal Opportunity Monitoring**

Private and Confidential

|  |  |  |
| --- | --- | --- |
| **Position Applied For:** |  | **Reference Number:** |
|  |  |  |

We, Tiphereth are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

We would like to use your data to ensure that this policy is fully and fairly implemented. We will use your data to compile statistics on the representation amongst our workforce of the categories listed. To use this information, we need your consent. Signing in the space below will indicate that you consent to your data being used for the purposes stated. You may withdraw your consent at any time by contacting Tiphereth on 0131 441 2055 or emailing admin@tiphereth.org.uk.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Print Name:** |  |  |  |

|  |
| --- |
| **I would describe my sex and ethnic group as:****(Please tick one box for your sex and one box for your ethnic group)** |
| **Sex** | **Male:**  |  |  |
| **Female:** |  |  |
| **Prefer not to say:** |  |  |
|  |  |  |
| **Ethnicity** | **White** | **Mixed** | **Asian, Asian British, Asian Scottish, Asian English or Asian Welsh** |
| **English:** |  | **White/Black Caribbean:** |  | **Indian:** |  |  |
| **Scottish:** |  | **White/Black African:** |  | **Pakistani:** |  |  |
| **Welsh:** |  | **White/Asian:** |  | **Bangladeshi:** |  |  |
| **Irish:** |  |  |
|  | **Black, Black British, Black English, Black Scottish or Black Welsh** | **Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh** |
| **Caribbean:** |  | **Chinese:** |  |  |
| **African:** |  |  |
| **Other Ethnicity (please specify)** |
|  |
| Prefer not to say: |  |