Employment Application Form

Role Of Volunteer Coordinator

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM

Completed application forms should be emailed to: [neilshugsfoundation@gmail.com](mailto:neilshugsfoundation@gmail.com)

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| --- | --- | --- | --- |
| Personal Details | |  | |
| First Name: |  | Last Name: |  |
| Title: (Mr, Mrs, Ms, Miss, Other) |  | Gender: Male/Female/Prefer not to say/Prefer to self-describe |  |
| Home address: |  | | |
| Post code: |  | | |
| Telephone number: |  | Mobile number: |  |
| Email: |  | | |
| Do you have a relative working for Neil’s Hugs Foundation? Y/N | |  | |
| If yes, please provide details: | |  | |

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| Disability Confident Employer Scheme | |
| Do you consider yourself to have a disability? Y/N |  |

Disability is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities. This question is asked to ensure that people with disabilities receive the opportunity of an interview if they meet the minimum criteria for the post applied for.

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| Protection of Vulnerable Groups (Scotland) Act 2007 | |
| Are you a member of the PVG Scheme? Y/N |  |
| |  |  | | --- | --- | | Are you registered for? |  | | |  |  | | --- | --- | | ☐ Children  ☐ Protected Adults  ☐ Both |  | |
| Membership Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Membership of Professional Bodies | | | |  |
| Date | Name of Professional Body | Status of Membership | Level of Membership | Membership No. |
|  |  |  |  |  |
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| Other Directorships/Trustee Positions (please include public, private, charitable, not-for-profit, clubs, associations) | | | |
| Directorship/Trustee | Period from/to | Name of Business/ Organisation: | Nature of Business/ Organisation: |
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| Present or Most Recent Employment | | | | | | |
| Job title: | | |  | | | |
| **All Previous Employment/Volunteering History**  *(begin with the most recent first and include periods of volunteering and unemployment; please use continuation pages if required)* | | | | |  |
| Date From | Date To | Employer’s name and address including post code | | Role Title and details of post including duties, responsibilities and achievements | |
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| Supporting Statement - Relevant Skills, Experience and Achievements |

Please state why you are applying to become an employee and document how you meet the specific requirements of the role profile and person specification, including the skills, experience and achievements you bring to this role.

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| References |

Two references will be sought for successful applicants. References should be from your two most recent employers. We reserve the right to request additional references if we consider it necessary. If you do not have two previous employers please provide a referee from any previous work experience/voluntary organisation and a character reference, not a family member.

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| First referee details | | | |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Address: |  | | |
| Postcode: |  | | |
| Email address: |  |  |  |
| May we approach prior to interview? Y/N | |  | |
| How long have you known this person? | |  |  |
| In what capacity do you know this referee? | |  | |

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| --- | --- | --- | --- |
| Second referee details | | | |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Address: |  | | |
| Postcode: |  | | |
| Email address: |  | | |
| May we approach prior to interview? Y/N | |  | |

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| --- | --- |
| How long have you known this person? |  |
| In what capacity do you know this referee? |  |

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| Recruitment monitoring |

Where did you see this vacancy? (Please mark Y)

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| --- | --- | --- | --- |
| EMH CIC Website |  | Twitter |  |
| Facebook |  |  |  |
| LinkedIn |  |  |  |
| If other, please specify: |  | | |

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| Rehabilitation of Offenders Act 1974 |

Neil’s Hugs Foundation has a written policy on the recruitment of ex-offenders, which is available to all applicants. Having a criminal record will not necessarily bar you from working with Neil’s Hugs Foundation, this will depend on the nature of the position together with the circumstances and background of any particular offences.

The post you are applying for is exempt from the relevant provisions of the Rehabilitation of Offenders Act 1974. The Charities and Trustee Investment (Scotland) Act 2005 states that certain individuals are prevented from acting as a charity employee; for example, someone with an unspent conviction for dishonesty or an offence under the Act. This means that you are not entitled to withhold information about convictions which for other purpose are regarded as spent, unless that conviction is protected. For more information regarding conviction disclosures, please refer to the Guidance provided on the Disclosure Scotland website.

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| --- | --- |
| Have you ever been convicted of any criminal offence(s)? | Yes ☐ No ☐ |
| Do you have any criminal charge(s) pending? | Yes ☐ No ☐ |

If you have answered yes to either of the question above, please provide the following details:

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| --- | --- | --- | --- |
| Date | Name of Court | Please provide details of the nature of each conviction, charge or police enquiry, including driving offences. | Penalty imposed and Outcome |
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| Data Protection |

Neil’s Hugs Foundation will use the information you provide in this application pack for the purpose of processing your application and monitoring the recruitment process. If your application is successful Neil’s Hugs will process your information for the purpose of facilitating your role as an employee of Neil’s Hugs (for example, sharing information with Office of Scottish Charity Regulator (OSCR), Care Inspectorate; to support grant and tender submissions; with banking institutions and insurance companies – specifically in relation to the professional indemnity insurance cover).

The information you provide in this pack will be stored securely and will not be retained longer than necessary. Unsuccessful applications will not normally be kept for longer than a year. You have a right to access the information that Neil’s Hugs Foundation holds on you. If you would like to do this, please contact the Chair of the board via neilshugsfoundation@gmail.com

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| Declaration |

I certify that the information I have declared in this application form and any attachments are true and correct. I have not withheld any information which may affect my application to become an employee. I understand that false information or omissions may lead to my ceasing to become or remain an employee of Neil’s Hugs Foundation.

I understand the data contained in this application, together with information supplied by referees and/or relevant third parties, (which may include sensitive personal data) will be used and processed for legitimate purposes connected with selection and appointment purposes, and if I become an employee, it will be used for legitimate purposes outlined above and that the information may be verified by Neil’s Hugs Foundation, in accordance with Data Protection legislation.

**By completing your name below and emailing the application form, this will be accepted as your signature.**

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| Print name: |  | Date: |  |

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