



DPHS(Fife) EMPLOYMENT APPLICATION FORM

APPLICATION FOR THE POST OF:

Where did you see the post advertised?:

1. Personal Details

Surname:

Initial:

Address:

Postcode:

Telephone (Home):

Telephone (Work):

E-mail:

2. Permit

Do you need a work permit to take up this post?

YES

NO

Are you eligible to work in the UK

YES

NO

NATIONAL INSURANCE NUMBER:

2. References

Please give names of two referees, one of whom should be your most recent employer

1. Current/Recent Employer

2. Please indicate if employer/personal

Name:

Name:

Address:

Address:

E-Mail:

E-mail:

Telephone No:

Telephone No:

May we contact them prior to inviting you to attend an interview? 1. YES/NO 2. YES/NO

3. Education

School/College Attended	Dates From - To	Educational/Professional Qualifications Obtained

4. Current Education

Please give details of education being undertaken, or planned

Dates	Nature of course

5. Other Training/Membership of Professional Bodies

List any specialist training, voluntary work courses or non-exam courses taken

Dates	Nature of course / Qualifications Obtained / Professional Body

6. Employment

Current or most recent employment

Name/Address of Employer	Position Held	Dates	Salary

7. Previous Employment

Dates (start and finish)	Name & Address of Employer	Position & Summary of duties	Salary	Reason for Leaving

8. How you meet the criteria

Using the person specification please explain how you meet the requirements of the post, giving examples of your experience and knowledge as noted.

9. In support of your application

Using the Job Description, please give examples of how you can fulfil the delivery of SDS Info & Advice , promote the service and fulfill the other duties listed:

10. Your personal attributes

Experience: please refer to the application pack and demonstrate how your personal qualities, attributes and experience relate to this position to support independent living in a person centred, user-led way where the individual is at the centre of the service:

9. Voluntary Work

Please give details of any voluntary work, groups, associations, etc. you have been involved with

Name of Organisation	Position Held/Nature of involvement	Dates

11. Rehabilitation of Offenders Act 1974

In accordance with Part V of the Police Act 1997, detailed criminal checks will be required for positions involving contact with vulnerable adults. Applicants deemed to fall into this category are expected to give their consent to a Criminal Check prior to an offer of employment being made. You are requested to complete and return the form in a sealed envelope, giving details of any criminal convictions you may possess. We will only consider the information you supply if we decide that you are the applicant who otherwise best matches the selection criteria. The form is at the end of the pack.

11. Disclosure

It is a condition of employment for a suitable Disclosure PVG to be held. Please indicate your understanding that this will be sought on offer of employment and that retaining the position may be on condition of a satisfactory result:

YES I understand that if I am successful, a Disclosure/PVG will be sought and my continued employment will be dependent on a satisfactory result:

12. Specifics

If driving is required for the post do you hold a current driving licence? YES NO

Do you have access to a car? YES NO

Do you or any member of your family have any connection with the Board or staff group at Disabled Persons Housing Service (Fife)? If YES, please give details. YES NO

If you have previously applied for a post with DPHS(F), please indicate:

Post: _____ Date of Application: / /

If selected for the post, when could you begin work? / /

13. Declaration

I declare that to the best of my knowledge, the information given on this form is true and correct and can be treated as part of any subsequent contract of employment. Any false claim on the form may render this application void and if employment has commenced the successful candidate could be dismissed. Please note that for the successful candidate the information provided will be used to create a confidential manual based file, the use of which complies with the provisions of the Data Protection Act. You have the right to request a copy of personal data we hold about you and the DPHS(F) charge a fee. If you believe that the information is inaccurate you may write to ask us to correct it.

You only need to sign with your initial and surname.

Signature: _____

Date: _____

Please return your full application information to the address below marked "Private & Confidential" FAO Jackie Morrison, Co-ordinator. By email please use subject line: "Application Confidential"



www.dphsfife.org.uk

Disabled Persons Housing Service (Fife)
West Shop, Law's Close, 339 High Street,
Kirkcaldy, KY1 1JN
Tel: 01592 803280

Email: enquiries@dphsfife.org.uk

Scottish Charity Number SC 032589 Company No: SC226571

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