### APPLICATION FOR EMPLOYMENT

**Perth Citizens Advice Bureau**

**7 Atholl Crescent**

**Perth**

**PH1 5NG**

## CONFIDENTIAL

Please complete this form in **black** ink or type to enable clear photocopying.

Perth Citizens Advice Bureau wishes to ensure that comparison between applicants for posts is thorough, fair and in line with its Equal Opportunities Policy. It is therefore essential that you complete this application form fully as it will be used to assess whether you will be shortlisted for interview. **CVs are not acceptable.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSITION APPLIED FOR: Financial Capability and Debt Adviser**

**SURNAME ........................…….. INITIAL/S .......................……….……**

**ADDRESS….........................…… TEL NUMBERS**

**……………………………………… DAY/WORK.....................……………**

**……………………………………… EVENING………………………………**

**……………………………………**

May we contact you at work? **YES/NO**

**(Please delete)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much notice, if applicable, are you required to give to your present employers?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a current driving licence? **YES/NO** (Please delete as applicable)

This question is only relevant to certain jobs; please refer to the job description.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state where you saw this advert

Newspaper**…………………………………**

Job Centre**………………………………….**

Other (please detail)**……………………….**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK EXPERIENCE**

We want to know about your work experience, paid or unpaid. Please include your current/previous employment, voluntary work, or community activities, and time spent caring for dependants, etc, if appropriate. Please start with your most recent experience.

|  |  |  |
| --- | --- | --- |
| **Name of Employer/ Organisation** | **Dates** | **Main tasks undertaken** |
|  |  |  |

**EDUCATION**

Please give general information on the education you have received, and highlight any which are particularly relevant to the post. Please start with your most recent education.

|  |  |  |
| --- | --- | --- |
| **Education** | **Dates** | **Qualifications** |
|  |  |  |

**TRAINING**

Please list any training which you have received, or are currently undertaking, which you consider relevant to the post. Please start with your most recent training.

|  |  |  |
| --- | --- | --- |
| **Training** | **Dates** | **Qualifications** (If applicable) |
|  |  |  |

**ADDITIONAL INFORMATION**

In this section we would like you to give specific information in support of your application. Taking **each point** of the person specification, demonstrate how you have all the necessary skills and abilities. Please note that when shortlisting for interview the selection panel will consider only the information contained in your application form and will assess this against the person specification.

|  |
| --- |
|  |

Please use additional sheets if necessary

**Closing Date:** 12 noon Wednesday 23rd August 2017

**Interviews:** Wednesday 30th August 2017

Please let us know if this will cause you any difficulties.

**REFERENCES**

Please provide below the names and addresses of two referees who can comment on your suitability for the post. If you have been employed, we would normally wish to seek a reference from your present or most recent employer.

May we contact your present employer at this stage? **YES/NO** (Please delete)

Name ..............................……... Name .................................………….

Position ............................…….. Position ..............................………….

Address ...........................……... Address ..............................………….

..........................................…….. .............................................…………

..........................................…….. .............................................…………

TEL No…………………………… TEL No…………………………………

(For further information please refer to the ‘Notes for applicants’ sent with this form.)

I declare the information given on this form is correct to the best of my knowledge.

**Signature** .................................................. **Date** .................................

Please return this form to

**Mrs K Campbell, Perth CAB, 7 Atholl Crescent, Perth PH1 5NG**

[**karencampbell@perthcab.casonline.org.uk**](mailto:karencampbell@perthcab.casonline.org.uk)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equal opportunities monitoring form**

**Monitoring Information**

The CAB service aims to provide equal opportunities and fair treatment for all people regardless of race, sex, disability, sexual identity, marital status, religion or belief, age or any other factors.

As part of the policy of reaching out to excluded communities and groups, the service is committed to ensuring that it reflects the community that we serve.

In order to achieve these aims we have a policy of monitoring the composition of the service. As part of this monitoring process we ask for your co-operation in completing the questions in this section. We wish to give you the following assurances:

* The information provided will not form the basis of any part of selection
* All information in the application form will be regarded as confidential
* This monitoring information will only be used for statistical purposes, to monitor the composition of the service
* If you choose not to complete this section, this will not affect your application

**1. ETHNIC ORIGIN**

We appreciate that some people, including those of mixed race, may not be happy with classification used on monitoring forms. If you wish to classify yourself in some other way, please use the additional space provided to do so.

I would describe my ethnic origin as *(in your own words or if you prefer tick one of the following):*

|  |  |  |  |
| --- | --- | --- | --- |
| White |  | Black |  |
| Mixed |  | Other |  |
| Asian |  |  |  |

Other (please specify)……………………………….

**2. GENDER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I am *(please tick):* | Male |  | Female |  |

**3. AGE**

|  |  |  |  |
| --- | --- | --- | --- |
| 25 and under |  | 55 and over |  |
| 26 - 34 |  | Declined to answer |  |
| 35 - 54 |  |  |  |

**4. DISABILITY**

We appreciate this people may not wish to answer this question; there is no obligation for you to answer. We welcome applications from disabled candidates and we would like to know how many people we attract to the service so that we can monitor the effectiveness of our policies towards disabled people.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disability | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Registered disabled | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you require special adaptations/equipment | Yes |  | No |  |

Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. SEXUAL ORIENTATION**

We appreciate that some people may find the question on sexual orientation to be an extremely personal one and we must therefore re-iterate that you are under no obligation to answer it.

I would describe myself as *(please tick):*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Lesbian |  | Gay |  | Bisexual |  | Transsexual |  |

**6. MEDIA RESPONSE**

***What prompted you to apply?***

E.g. CAB website, newspaper article, advert, poster, through a friend or relative, or using a bureau yourself

|  |
| --- |
|  |

**7. COMMENTS**

Do you have any comments about our monitoring form?

|  |
| --- |
|  |