



Application for Employment

Please download and complete this form on-screen (e.g. using a laptop or tablet) or by hand.

If completing this form on-screen, the text boxes will expand as required. If needed, add new rows to tables by using the tab key.

Application for the post of: Cost of L	iving Advice Wor	ker	
Where did you first see this post advertised? (if or	nline, please give name of we	bsite):	
PERSONAL INFORMATION			
Last Name:	First Name(s):		
Title: Home address, including post code:	Contact Details Daytime Tel. no.: Evening/Mobile Tel. n Email address:	o.:	
How long have you lived at your current address? If less than 2 years, please give your previous address, i	including post code:		
This role requires you to have access to your own	personal transport.		
Do you have a curr	ent full driving licence?	Yes \square	No \square
Do you have access to personal transport (e.g. motorbike, car)? Yes No		No 🗖	

TELL US WHY YOU ARE APPLYING FOR THIS ROLE Please tell us what interests you about this opportunity.			
		-	
TELL US ABOUT	YOUR RELEVANT SKILLS A	AND EXPERIENCE	
	you would be suited to this role		
TELL US ABOUT YOUR EMPLOYMENT HISTORY			
Or provide your CV	Or provide your CV (If you choose to use this table, then use the tab key to insert extra rows as required)		
Dates (from / to)	Employer	Job Role or Title	
Groni / to)			

TELL US ABOUT YOUR QUALIFICATIONS

<u>Or</u> provide these details in a CV. Please ensure you tell us about your educational attainment and qualifications, including professional or other relevant certificated skills.

(If you choose to use this table, then use the tab key to insert extra rows as required)

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THERE ANYTHING ELSE YOU'D LIKE US TO KNOW? ease tell us anything else you think is relevant to your application.					
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WHO SHOULD WE CONTACT FOR A REFERENCE?

Please provide contact details for at least two referees, one of whom must be able to represent your most recent employer. Referees must not be a close relative or a member of the current SCU or CAB teams. We will ask you before

taking up references. However, if your application is successful, your employment will not commence until satisfactory references have been received.

Contact Name	Role and organisation	Postal address, telephone and email adddress

If you are invited to attend an interview we will request references.

DECLARATION

NOTE: If you have completed this form on-screen and intend to email to us, then you do not need to complete this section now. However, you may be asked to sign this document later in the process.

I certify that the information that I have provided in this application and any attachments may be relied upon as being truthful and an accurate to the best of my knowledge.

I understand that to knowingly supply false or misleading information may constitute an act of gross-misconduct which may lead to dismissal if my application is successful.

I understand that in proceeding with this application Stirling Credit Union Limited may access online data sources to validate my identity and personal information.

I am not subject to any impediment under current legislation which prohibits or restricts my employment in the United Kingdom.

Signed:	
Print Name:	
Date:	

Because the post holder will be working for an organisation regulated by the Financial Conduct Authority (FCA) and Prudential Regulation Authority (PRA) - Stirling Credit Union – appointment is subject to confirmation of identity and a satisfactory Standard Disclosure request

Because the post holder is likely to be working with vulnerable people, a satisfactory Protecting Vulnerable Groups (PVG) certificate will be required.

For further information, see https://www.mygov.scot/organisations/disclosure-scotland

Equal Opportunities Monitoring

We want to maintain an environment where people are confident that they are judged on their abilities and skills regardless of age, disability, gender, race, sexual orientation or religion or belief.

Please help us to monitor equality of opportunity by answering the following questions as completely and honestly as possible by ticking the relevant boxes.

These questions do <u>not</u> form part of your assessment of suitability for the role.

Your responses will be separated from your application and used for monitoring purposes only, to help us ensure we comply with our values and the Equality Act 2010.

We recognise that not everyone will be comfortable answering every single question, as you might feel some are very personal. To assist you we offer a "prefer not to answer" option for every question and will make no assumptions about your reason for selecting this response.

Your responses will never be published in a way that allows you to be identified. It will be treated in the strictest confidence and held and used securely.

Monitoring ethnicity

Choose ONE section from A to F, and then tick the appropriate box (or, if competing on-screen, double click on a box and select "Checked"):

How would you describe yourself?			
Asian or Asian British			
☐ Bangladeshi			
☐ Indian			
Pakistani			
Any other Asian background, please write in box			
B Black or Black British			
African			
Caribbean			
Any other Black background, please write in box			
C Chinese or other ethnic group			
Chinese			
Any other, please write in box			
D Mixed Heritage			
White and Asian			
White and Black African			
White and Black Caribbean			
Any other Mixed background, please write in box			
E White			
■ British			
English			
Irish			
Scottish			
<u></u> Welsh			
Any other White background, please write in box			
F Prefer not to say			

Disability monitoring

We want to address barriers faced by disabled people. Many people who do not consider themselves to be disabled may be covered by the Equality Act 2010 because they have a health condition that has an impact on their lives.

What do we mean when we say disability?

- Do you have a physical or mental impairment?
- Is it long term?
- Does this make it difficult for you to do the things that most people do on a fairly regular or frequent basis?

If so, you may have rights under the Equality Act 2010. This includes people who are receiving treatment or using equipment (except glasses or contact lenses) that alleviates the effects of an impairment or a condition, people with an impairment or condition that is likely to recur, people who have conditions that will get worse over time and people with severe disfigurements.

Employees with a disability or health condition are entitled in law to 'reasonable adjustments' to address their needs for support in the workplace. Therefore, we are interested in any disability or health condition that may require a reasonable adjustment to overcome any such barriers.

Please tick the appropriate box (or, if competing on-screen, double click on a box and select "Checked"):

Do you consider yourself to have a disability or a long-term health condition?
☐ Yes ☐ No
What is the effect or impact of your disability or health condition?
Prefer not to say
<u> </u>
Gender monitoring Please tick the appropriate box (or, if competing on-screen, double click on a box and select "Checked"):
Would you describe yourself as:
☐ Male ☐ Female ☐ Prefer not to say
Sexual orientation We will only use this information for ensuring our staff policies work fairly for all and that your sexual orientation does not count against you. We will ensure in any analysis that is made public that it will not be possible to identify you.
Please tick the appropriate box (or, if competing on-screen, double click on a box and select "Checked"):
What is your sexual orientation? Bisexual Gay man Gay Woman / Lesbian Heterosexual / Straight Other Prefer not to say
Age Please tick the appropriate box (or, if competing on-screen, double click on a box and select "Checked"):
What is your age? <20

65+
Religion and belief Please tick the appropriate box (or, if competing on-screen, double click on a box and select "Checked"):
Which best describes you?
Buddhist Christian Hindu Jew Muslim Sikh Other Religion or Belief (please state) No Religion Prefer not to say