**Long Term Unemployed (LTU) Job Creation Programme Glasgow – Third Sector**

**Application and Eligibility Form**

This programme is funded by the Local Authority and the delivery managed by Glasgow Council for Voluntary Organisations (GCVS) and Move On

 **To be completed by all applicants**

**Vacancy applying for**

|  |  |
| --- | --- |
| **Job Title:** |  |
| **Job No.:** |  |
| **Employer:** |  |

**Referrer details if applicable**

|  |  |
| --- | --- |
| **Referrer name, organization, office address:** |  |
| **Referrer Tel. No:** |  |
| **Referrer email** |  |

**Applicant details – MUST be Glasgow resident**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  | **other** |  |
| **First Name:**  |  | **Surname:** |  |
| **National insurance No:** |  | **DOB:**  |  |
|  |  | **Age** |  |
| **Mobile Number:**  |   | **Home Tel. Number:** |  |
| **Email:** |  |
| **Address:** |  |

**Applicant Eligibility**

All applicants must be Glasgow residents, aged 25+ and 12 months or more out of work and not in education or training who would, without significant investment, struggle to secure/sustain employment **AND** who have **one or more** of the additional barriers listed below

**Please complete the following:**

|  |
| --- |
| **Current Employment Status** (please tick one) |
| **Long Term Unemployed** |
| **12 months – 2 years**  |  | **2 years – 5 years** |  | **Over 5 years** |  | **never been employed** |  |

**Additional barriers to employment – tick all that apply**

|  |  |
| --- | --- |
| Disabled, +/or D/deaf person (includes those experiencing mental health issues and those who have an impairment or long-term health condition) |  |
| People from Ethnic Minority backgrounds and racial groups |  |
| Person living in the 15% most employment deprived SIMD geographies  |  |
| Homeless person (including temporary or unstable accommodation) |  |
| Living in a household with children in poverty |  |
| Person living in an area defined as “rural area” or “very remote rural |  |
| Primary Carer |  | Gypsy/travelling community |  |
| Person with a conviction (including CPO’s) |  | Refugee or other granted leave to stay in the UK |  |
| Person aged over 50 years |  | Lone parent |  |
| Living in a jobless household |  | Person affected by substance misuse |  |
|  |

**All applicants**

**Please complete ALL sections**

WORK EXPERIENCE (start with the most recent first)

|  |  |  |
| --- | --- | --- |
| Employer/Placement provider Incl. Volunteering | Job Title and main duties | Reason for leaving |
|  |  |  |
|  |  |  |
|  |  |  |

EDUCATION AND TRAINING (start with most recent first)

|  |  |
| --- | --- |
| School/College/Training Provider attended | Qualification (s) achieved or training course details |
|  |  |
|  |  |
|  |  |

ADDITIONAL INFORMATION

|  |
| --- |
| Use this section to tell us why you want the job, tell us about your personal qualities in relation to the job and link your previous experience and skills to the job role |
|  |

|  |
| --- |
| Do you require any particular arrangements to be put in place should you be invited to interview. If YES, please give details. |
|  |

References

Please supply details of 2 individuals who, if needed, can provide a reference for you

|  |  |
| --- | --- |
| **Reference 1** | **Reference 2** |
| Name: |  | Name: |  |
| Organisation:  |  | Organisation:  |  |
| Position:  |  | Position: |  |
| Address including postcode:  | Address including postcode |
|  |  |
| Tel. No:  |  | Tel. No:  |  |
| Email:  |  | Email: |  |

**Declarations**

**To be completed by referrer if applicable**

I can confirm that the above named is eligible to participate in the Long Term Unemployed (LTU) Jobs Creation Programme and can evidence their eligibility

|  |  |  |
| --- | --- | --- |
| **Referrer’s signature:**  | **Print Name:** | **Date:** |
|  |  |  |

**To be completed by applicant**

I can confirm that I, the applicant, am eligible to participate in the Long Term Unemployed (LTU) Jobs Creation Programme and can evidence my eligibility. I agree for the employer to forward my application and any documentation provided by me to evidence my eligibility to GCVS/Move On to confirm my eligibility for the programme should I be successful at interview and for these details to be shared with Scottish Government.

|  |  |  |
| --- | --- | --- |
| **Applicant signature:**  | **Print Name:** | **Date:** |
|  |  |  |

|  |
| --- |
| **For Office Use Only (to be completed by employer)** |
| **Evidence Check** *(Please note what documents are being used and photocopy them. The photocopied documents should be annotated as follows “original document seen on (date) and your name))*  |
| **Evidence Obtained:****Proof of address Evidence must be dated within 6 months of application (except Driving Licence)** |
| Recent utility bill |  | Benefit letter |  | Redacted bank statement |  | Council Tax bill |  |
| Driving Licence |  | DWP Letter |  | Other (Details) |  |
| **Evidence Obtained of unemployed status** |
| Evidence that the individual is in receipt of State Benefits eg award letter detailing benefits (DWP / Universal Credit / Job Centre Plus / Pension Service correspondence) or print out from online Universal Credit system   |
| **Evidence Obtained: ID & Eligibility to Work in the UK** |
| Non-EU Passport – must be valid, unexpired and endorsed  |  |
| National Insurance Number e.g. NI Card, correspondence from HMRC / DWP / Jobcentre Plus  |  |
| Residency permit for foreign nationals |  |
| UK Passport – must be valid and unexpired |  |
| EU Citizens- Home Office online Right to Work Checking Service  |  |
| Evidence that the individual is in receipt of State Benefits / Pension  |  |
| Home Office letter confirming status and permission to work |  |
| Marriage / Civil Partnership certificate (provide proof of partners status) |  |
| Birth / Adoption Certificate  |  |
| Evidence that participant has been employed in the UK within the last three years e.g. P45, P60, wage slip. |  |
| Immigration Certificate |  |
| Other (Please give details) |  |
|  **Checked by employer:**  |
| **Name:** |  | **Signature:** |  |
| **Position:** |  | **Date:** |  |
| **Verified by Move On** |
| **Name** |  | **Signature** |  |
| **Position** |  | **Date** |  |