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| PART A – Personal Details | |
| For Office Use Only  Candidate ID No: |  |

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| **Application for Employment** |

The information that you supply in this application form will enable the interview panel to decide whether to invite you to an interview. Whilst all sections may not be relevant to you personally, you should complete the form as fully and as accurately as possible to enable your application to be given full consideration.

The information provided within your application form will be processed in accordance with the Data Protection Act 1998. Please note that Part A of this form **will not** be shown to the shortlisting panel.

Please read the enclosed notes on how to complete your application form before proceeding. Please **type** or **print** using **black ink**.

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| 1. **Post Information** |

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| Post Title | **Admin Assistant (Customer Services)** |

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| Closing Date | 5.00pm on 09.02.18 | Ref No | O30 |

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| 1. **Personal Information** | | | | |
| Title: | Surname: | | | First Name(s) |
| Address for Correspondence | | Postcode: | | |
| Telephone Number: | | | Mobile Telephone Number: | |
| Your Daytime Telephone Number (on which a message may be left): | | | | |
| E-Mail Address: | | | | |

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| 1. Assistance For People With Disabilities |
| We are committed to being an Equal Opportunities Employer and do not discriminate in any way.  If you consider yourself to have a disability, are there any arrangements that we can make to assist you or adaptations that can be made, if you are called to interview or if successfully employed? Please give details below:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Asylum & Immigration Act 2006 |
| The Immigration, Asylum and Nationality Act 2006 makes it an offence to employ anyone who is not entitled to live or work in the EU. All applicants selected for interview will be required to provide evidence that they are entitled to live and work in the EU. Appropriate documentation may include the original of your current passport, visa, birth certificate or any other document (or combination of documents) indicated by the Act.  Do you currently have the right to work and live in the EU? **YES/NO** (please delete as appropriate) |

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| 1. Referees | |
| Please give details of two referees. They should be qualified to comment on your ability and experience for this appointment and should include a referee from your current or most recent employer. Hebridean Housing Partnership does not accept references from family members.  **Referees will not be approached prior to a conditional offer being accepted.** | |
| Name:  Job Title:  Company:  Address:  Postcode:  E-mail:  Tel No: | Name:  Job Title:  Company:  Address:  Postcode:  E-mail:  Tel No: |

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| 1. Declaration |
| I have read this application form fully and I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld any relevant information my application may be disqualified or, if I have already been appointed, I may be dismissed without notice.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Post Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PART B – Education Summary | |
| For Office Use Only  Candidate ID No: |  |

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| 7. Education and Training Record |

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| Secondary Education – Qualifications Achieved | | |
| Subjects | Type of Qualification e.g Standard Grade, GCSE, Higher, BSc | Grade Achieved |
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| Further/Higher Education – Qualifications Achieved | | |
| University/College Attended | Course & Subjects Studied | Certificates Obtained |
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| Membership of Professional or Regulatory Bodies | | |
| Full Name of Organisation(s) | Registration Number | Renewal Date |
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| Training Courses (Please give details of any relevant short courses or training undertaken) | |
| Courses Undertaken | Provider(s) |
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| Computer Skills  (Please detail your experience) |
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Post Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PART C – Career Summary | |
| For Office Use Only  Candidate ID No: |  |

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| 8. Present or Most Recent Employment | | | | |
| Name & Address of Employer | Date From: |  | Date To: |  |
|  | Position Held: | |  | |
| Salary and other benefits/payments | |  | |
| Notice Required: | |  | |
| Reason for Leaving: | |  | |
| Nature of Post (please describe your main duties): | | | | |

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| 9. Employment History (list in order with most recent post first) | | | |
| Name & Address of Previous Employer(s) | From Month/Year | To Month/Year | Position Held, Main Duties and Reason for Leaving |
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Please continue on a separate sheet if necessary.

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| 10. Employment With Hebridean Housing Partnership | |
| Hebridean Housing Partnership wishes to compare your experience, skills and knowledge with its requirements. You should therefore try to show in the following part of the form how you satisfy these. This does not have to be from paid work, but can be from other experience. The Selection Panel will consider candidates who do not meet all the requirements, therefore please complete all sections as appropriate. | |
| Experience, Skills & Knowledge | Details |
| Good general education to Standard Grade or equivalent |  |
| At least 1 year experience working in an office or similar workplace |  |
| Using a range of IT systems in a work environment |  |
| Working with the public to provide a service |  |
| Working to tight deadlines in a busy environment |  |
| Good understanding of Microsoft Office systems |  |
| Ability to compile data and analyse reports |  |
| Proficiency in word-processing and spreadsheets including design and layout of documents |  |
| Team player |  |
| Good communication skills |  |
| Filing |  |
| Customer focused |  |
| Able to manage difficult customers |  |
| Flexible approach to working hours and duties |  |

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| PART C – Additional Information | |
| For Office Use Only  Candidate ID No: |  |

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| 11. Additional Information |
| Please provide any relevant information not covered elsewhere on this form, which may include other activities e.g voluntary work, major achievements, projects to date and indicate how this will enable you to contribute further to this post. |

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| 12. Driving Licence |

Do you possess a full current driving licence YES/NO (delete as appropriate)

Do you have access to a car for work purposes YES/NO (delete as appropriate)

Are your insured for business purposes YES/NO (delete as appropriate)

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| 13. Criminal Convictions |

Please see Guidance Notes on Application Form – Section 6

Have you a current criminal conviction or  
caution i.e one that is not spent? YES/NO (delete as appropriate)

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| 14. Rehabilitation of Offenders Act 1974 |
| The Rehabilitation of Offenders Act 1974 enables some criminal convictions to become spent or ignored, after a ‘rehabilitation period’. Excepted posts are those to which the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 applies. You may be entitled to withhold information about convictions that are ‘spent’ under the provision of the Act. In the event of employment, any failure to disclose could result in dismissal or disciplinary action by your employer. If selected for interview you will be required to complete a criminal convictions declaration form that will only be reviewed if an offer of employment is being made. |

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| 15. Relationship to Staff Members |
| If you are related to any employee of Hebridean Housing Partnership or anyone who has been employed as a staff member or has been engaged as a supplier, consultant or contractor in the last 12 months, please provide details: |

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| 16. Relationship to Board Members |
| If you are related to a Board Member of Hebridean Housing Partnership or anyone who has been a Board Member in the last 12 months, please provide details: |

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| 17. Canvassing |
| Canvassing directly or indirectly in connection with the appointment shall disqualify your application. If discovered after appointment you will be liable to dismissal. |

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| 18. Confirmation of Qualifications |
| If selected for interview you will be required to bring with you the original certificate(s) of all qualifications referred to in this application. This extends to membership of professional bodies. |

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| 19. Advertisement Source |
| Where did you see this post advertised?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

When completed this form can be returned by e-mail to: [recruitment@hebrideanhousing.co.uk](mailto:recruitment@hebrideanhousing.co.uk)

Or posted to: Chief Executive  
 Hebridean Housing Partnership  
 Gleann Seileach Business Park  
 Stornoway  
 Isle of Lewis  
 HS1 2QP

(If returning the application form by e-mail please note that there is no need to also post a hard copy. If shortlisted you will be asked to sign your application form at interview.)



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| EQUAL OPPORTUNITIES MONITORING FORM |

Hebridean Housing Partnership is committed to equal opportunities in employment, regardless of: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race (including colour, nationality ethnic or national origins, and citizenship), religion/belief, sex and sexual orientation.

We would therefore ask you to please complete the following questionnaire to help us ensure that we are reaching all sections of the community, and to check the effectiveness of our recruitment practices.

All information will be treated in the strictest confidence, in line with requirement of Data Protection Act 1998, and will not affect your application.

Gender: ⭘ Female ⭘ Male ⭘ Trans Gender

Disability: Do you consider yourself to have a disability/special needs?

⭘ Yes ⭘ No

If yes, please describe your disability/special needs (e.g visual, speech, hearing). This will help us to facilitate your needs/requirements.

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Please indicate any individual requirements/equipment

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**Ethnic Origin: Please choose ONE section for A to E, then tick the appropriate box to indicate your cultural background.**

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| **A. White** | **B. Mixed** | **C. Asian or Asian Scottish/British** | **D. Black or Black Scottish/British** | **E.**  **Other Ethnic Group** |

⭘ English ⭘ Any mixed ⭘ Indian ⭘ Caribbean ⭘ Arab,   
⭘ Scottish background ⭘ Pakistani ⭘ African ⭘ Arab Scottish/  
⭘ Welsh ⭘ Bangladeshi ⭘ Other Black British  
⭘ Irish ⭘ Chinese  
⭘ Polish ⭘ Other Asian   
⭘ Gypsy Traveller  
⭘ Other White

⭘ Prefer not to say

Any other ethnic group (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion:** I would describe my religious background/belief as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None I prefer not to say

**Sexual Orientation:**

⭘ Bi-sexual ⭘ Gay/Lesbian ⭘ Heterosexual/Straight ⭘ Prefer not to say

Age: Please indicate your age group.

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| 16 – 24 |  | 25 – 34 |  | 35 -44 |  | 45 – 54 |  | 55 – 64 |  | 65 & over |  |