

Office use:

Date:

Number:

IN CONFIDENCE  
APPLICATION FORM



Position Applied for:

\*

Please tell us how you heard about this vacancy:

1. PERSONAL DETAILS

First Name:

\*

Last Name:

\*

NI Number:

Address incl  
Postcode:

\*

Home Phone:

\*

Mobile:

\*

Email:

\*

Have you previously applied for a position with Aspen Hamilton, or been employed with us?:

YES

NO

If yes, please state position(s) applied for/held:

2. DRIVING

Do you hold a current UK driving licence?

YES

NO

Have you had any driving convictions in the past five years?

YES  NO

If yes please provide details

Do you have access to a vehicle for work?

YES  NO

**3. EMPLOYMENT STATUS**

Employed  Unemployed  Student

Current Job/Course Name:

Name of Current Employer/Course Provider

Address:

Post Code:

Date appointed:

Notice

Briefly describe your duties in your current post:

**Previous Employment**

| Employer's Name & Address | Job Title Start & Finish Date | Main Duties and Responsibilities<br><small>(include reason for leaving)</small> |
|---------------------------|-------------------------------|---|
|                           |                               |   |
|                           |                               |   |
|                           |                               |   |
|                           |                               |   |

**4. EDUCATION AND QUALIFICATIONS**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| Further Education | Dates | Qualification and Grade |
|-------------------|-------|-------------------------|
|                   |       |                         |

| Course-Professional Qualifications (e.g. Nurse) | Dates | Registration numbers & expiry dates |
|---|-------|-------------------------------------|
|   |       |                                     |

## 5. AVAILABILITY FOR WORK – HOURS OF AND PREFERRED LOCATION

Please indicate which location that you would prefer your application to be considered:

EDINBURGH NORTH       EDINBURGH SOUTH       BOTH

\*In order to ensure that we can allocate hours to staff in a manner that ensures effective client cover, we must be in a position to align these requirements with staff availability.

Please indicate below the times you can be available for regular scheduled work:

MON: AM  PM     TUES: AM  PM     WED: AM  PM   
THURS: AM  PM     FRI: AM  PM     SAT: AM  PM   
SUN: AM  PM

Are you willing to work overnights?

YES:       NO:

## 6. REFERENCES

Please give the names, job titles and address of the two Managers or Heads of Department who are willing to give you a reference regarding your work experience. Please ensure you have asked their permission.

### REFERENCE 1 - CURRENT OF MOST

**RECENT EMPLOYER:** Must be Manager/Head of Department

Name:

Job Title:

How long have you known this person?:

Name and Address of Organisation:

Postcode:

Email:

Telephone:

**REFERENCE 2:**

**Name:**

**Job Title:**

**How long have you known this person?:**

**Name and  
Address of  
Organisation:**

  

**Postcode:**

**Email:**

**Telephone:**

**May we contact the referees before an offer of employment is made: YES:**

**NO:**

**7. NEXT OF KIN CONTACT**

**Next of Kin:**

**Relationship:**

**Address:**

**Postcode**

**Telephone:**

## 8. STATEMENT IN SUPPORT OF YOUR APPLICATION

Please describe your experience, skills, abilities and responsibilities which are relevant to this post. You may include other areas such as voluntary work, caring for family or a relative.

**HOBBIES AND INTERESTS:**

## 9. DECLARATION

### Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986, the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to the employment which is concerned with the provision of health services and which is of such a kind as to enable to holder to have access to persons in receipt of such services in the course his/her normal duties.

Your answer to the following question should include any 'spent' convictions.

The information will be treated in the strictest confidence and may or may not affect your application.

**\*Do you have any convictions to declare? YES:**  **NO:**

If 'Yes' you will be required to supply details at the interview.

**DISCLOSURE SCOTLAND WILL BE APPROACHED FOR A PVG SCHEME RECORD**

**\*Fields marked with an asterisk must be completed**

### DECLARATION

I declare that the information given on this form is true and complete to the best of my knowledge. I understand that if I am appointed to Aspen Hamilton Care Management any false statement may result in termination of my employment.

**\*Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this form marked 'Private and Confidential HR'

To

Aspen Hamilton Care Management, 2-8 Millar Crescent, Edinburgh, EH10 5HW

**\*Are you legally entitled to work in the UK? YES:**  **NO:**

**Documentary evidence will be required.**