Dear Applicant

Thank you for your interest in our vacancy. We have provided information below and on the following pages to help you with the application process.

**Application Pack**

1. Guidance Notes
2. Application for Employment Form
3. Equal Opportunities Monitoring Form (separate document)

Please fully complete your application form and return to:

**Human Resources Department**

**Blue Triangle (Glasgow) Housing Association Ltd**

**3rd Floor**

**100 Berkeley Street**

**Glasgow**

**G3 7HU**

**Telephone: 0141 221 8365**

**Email: recruitment@btha.org.uk**

**Application Guidance Notes and Additional Information**

**(1) Completing the application form**

**Pl**ease complete all parts of the application form, carefully considering the requirements of the role profile as you do so.

We would also ask you to complete the equal opportunities information sheet and submit it with your application form. Completion of this form is for statistical monitoring purposes only. It will be separated from your application form and will not be considered during the shortlist selection process.

The front page headed ‘Your Personal Details’ and the back page/ ‘declaration page’ will also be separated from your application form before they are given to the short-listing panel. This supports the Association’s policy on equal opportunities and eliminates any discrimination related to sex or gender (unless there is a genuine occupational requirement).

You are encouraged to provide as much relevant information as you can on how you meet the person specification requirements for the role and how your values link with those of the Association. Providing examples is a good way of demonstrating these.

Applications from people who have a disability are welcomed by the Association. A disability does not preclude an individual from consideration for the job. The Association's policy is to give all disabled people an interview if they satisfy the essential criteria for the job as detailed within the role profile.

Please check that the information you provide is accurate. If you conceal or misrepresent relevant information at any stage during the recruitment process, your application will not be taken forward.

**(2) Short listing**

Short listing of applicants will be based on the extent to which their experience, qualifications and skills match the selection criteria listed in the role profile.

In the interests of efficiency and economy, we do not write to applicants who have not been short listed. If you have therefore not heard from us within four weeks of the closing date, you should assume that your application has been unsuccessful.

**(3) Interview**

If your application is short listed, you will be asked to attend a values and competency based interview. At the interview, you will be asked a number of questions that are designed to demonstrate if you have the required values, skills and experience for the post.

**(4) Pre-employment checks**

You will be required to undergo a number of pre-employment checks if you are offered the post. These are:

* Two satisfactory work references
* An appropriate criminal convictions check (please see below and the relevant section of the application form)
* Proof of your right to work in the UK
* Proof of qualifications
* A health check (which usually takes the form of an online questionnaire).

**Protection of Vulnerable Groups Scheme**

The position for which you are applying is exempt from the Rehabilitation of Offenders Act 1974 and is prescribed as one for which the children’s and/or adults’ barred list may be checked. Therefore:

* You are required to declare whether you have any convictions, cautions reprimands and final warnings that are not ‘protected’ (i.e. filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013.
* Any offer of employment will be conditional upon and subject to the Association receiving a satisfactory disclosure check from Disclosure Scotland for you, including confirmation that you do not appear on the children’s and/or adults’ barred list.
* Information about criminal convictions collected in the course of the recruitment process will be deleted once it has been verified through a Disclosure Scotland check unless the information is necessary for the ongoing employment relationship.

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**Intensive Recovery Support Worker (IRSWNL0522)**

**North Lanarkshire**

**Application form**

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Address** |  |
| **Postcode** |  | **E-mail** |  |
| **Telephone (home)** |  | **Telephone (mobile)** |  |
| **Telephone (work)** |  | **Preferred method of contact (phone/e-mail)** |  |

**If posting your application, a minimum of large letter 2nd class stamp is required. A small letter 1st class stamp will not be sufficient.**

Please return this application form to:

**recruitment@btha.org.uk**

**EDUCATION**

Please give details of all qualifications obtained or about to be gained, including further education.

|  |
| --- |
| **Qualifications Obtained / Examinations Passed** (If you have studied at HNC or SVQ level, please provide details if you have not achieved the full units for the qualification.)  |
| **Level (eg, degree, SVQ) – Subject - Year Obtained** |

**PROFESSIONAL MEMBERSHIP**

Please give details of other professional qualifications/memberships.

|  |  |
| --- | --- |
| **Professional Qualification / Membership** | **Expiry Date** (if applicable) |
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|  |  |
| --- | --- |
| Are you currently registered with the **Scottish Social Services Council (SSSC)**? (Please delete as appropriate.) | **Yes / No** |

**If yes, please insert your details below:**

|  |  |
| --- | --- |
| **Registration Number** | **Expiry Date** |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Have you ever been reported to a **regulatory body**?  (Please delete as appropriate.) | **Yes / No** |
|  |  |
| **If yes, please detail below:** |  |
|  |

**WORK HISTORY**

Please explain in detail any gaps in your work experience/employment history. You will be questioned about such gaps at interview stage. (If necessary, continue on a separate sheet.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s Full Name & Address** (starting with most recent employer) | **Position Held &** **Dates** **(from – to)** | **Main Duties** | **Reason** **for Leaving** |
|  |  |  |  |
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|  |  |  |  |
| **Employer’s Full Name & Address** (continued) | **Position Held &** **Dates** **(from – to)** | **Main Duties** | **Reason for Leaving** |
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**INFORMATION IN SUPPORT OF APPLICATION – PERSON SPECIFICATION**

Please detail here how you meet the requirements of the person specification.

*When completing this section, please give us examples of when you have demonstrated these skills and qualities. Before completing this section, it is important to read the role profile for the post.*

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| **ADDITIONAL INFORMATION**Please include any details not previously covered that you feel can support your application. **We are particularly interested in how you believe your values fit with the work that the Association does and what you hope to gain from this post.**  |
|  |

**REFERENCES**

Please give details of two referees, one from your current employer and one from your previous employer. If you are currently unemployed, please provide us with your last two employers’ details.

|  |
| --- |
| **Reference 1: Current Employer** |
| **Referee’s Name** |  | **Referee’s Position** |  |
| **Referee’s Work** **E-mail** |  |
| **Company’s Name** |  |
| **Company’s Address** |  |
| **Telephone (work)** |  | **Can we approach referee prior to interview?** | **Yes / No**(Please delete as appropriate) |
|  |
| **Reference 2: Previous Employer** |
| **Referee’s Name** |  | **Referee’s Position** |  |
| **Referee’s Work E-mail** |  |
| **Company’s Name** |  |
| **Company’s Address** |  |
| **Telephone (work)** |  | **Can we approach referee prior to interview?** | **Yes / No**(Please delete as appropriate) |

**REHABILITATION OF OFFENDERS ACT 1974**

|  |
| --- |
| Due to the nature of the work you are applying for, this post is exempt from the provisions of the above Act. Applicants are therefore required to disclose any unspent convictions or cautions and any spent convictions for offences included in Schedule A1 **‘OFFENCES WHICH MUST ALWAYS BE DISCLOSED’** of the Rehabilitation of Offenders Act (Exclusions and Exceptions) (Scotland) Amendment Order 2013.  Applicants are not required to disclose spent convictions for offences included in Schedule B1, **‘OFFENCES WHICH ARE TO BE DISCLOSED SUBJECT TO RULES’** until such time as they are included in a higher level disclosure issued by Disclosure Scotland.” *In the event of employment, any failure to disclose required information may result in dismissal. Further to the above, please give details of relevant convictions, including dates.*  |
|  |

**OTHER INFORMATION**

|  |  |
| --- | --- |
| **Do you consider yourself to have a disability?** (Please delete as appropriate.) | **Yes / No** |
| *We ask for this information so that we can meet our practice of offering an interview to all applicants who have a disability and meet the minimum criteria for the position.* |
| **Please indicate if you have any special requirements for interview:** |  |
|  |
| **Current Salary:** |  | **Notice period for current post:** |  |
|  |
| **Do you require a work permit or work visa to work in the UK?** (Please delete as appropriate.) | **Yes / No** |
| If yes, please specify: |  |
|  |
| **Do you hold a current UK driving license?**(Please delete as appropriate.) | **Yes / No** |
| If yes, do you have any endorsements on your driving licence? (please give details)  |  |
|  |
| **Do you have any holidays arranged?**(Please delete as appropriate.) | **Yes / No** |
| If yes, please give dates |  |
|  |
| **Do you have any commitments that may limit your working hours?** (e.g. military reserve, volunteer work) (Please delete as appropriate.) | **Yes / No** |
| If yes, please give details  |  |
|  |
| **Have you ever worked for Blue Triangle before?**(Please delete as appropriate.) | **Yes / No** |
| If yes, please give details |  |
|  |
| **Where did you hear about this vacancy?** |  |
|  |

**DECLARATION**

|  |
| --- |
| **I confirm that the information supplied by me on this form is complete and correct, and that any untrue or misleading information will give Blue Triangle (Housing) Association the right to terminate any employment contract offered.****If my application for employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme. I have given my explicit consent freely.**  |
| **Name of Applicant:** |  |
| **Date:**  |  |
| **Signature of Applicant:**  |  |
| We would like to thank you for the time you have taken to complete this application form and assure you it will be treated in the strictest confidence.  |

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**Equal Opportunities Monitoring Form – Form HR214**

The Association is committed to developing positive practices to promote equal opportunities and prohibiting unlawful discrimination. This information is used strictly for monitoring purposes to ensure our equality strategy commitments are being implemented.

When used as part of our recruitment process this form is not provided to the selection panel.

*Please do not mark anything in the shaded boxes – these are for information/clarification only.*

|  |
| --- |
| **Ethnic Origin –** Please indicate your ethnic origin by marking X in the appropriate box. |
| **White** |
| Scottish |  |
| Other British |  |
| Irish |  |
| Gypsy/traveller |  |
| Polish |  |
| Any other white background |  |
| Mixed or multiple ethnic background |  |
| **Asian, Asian Scottish or Asian British** |
| Indian |  |
| Pakistani  |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
| **Black, Black Scottish or Black British** |
| Caribbean |  |
| African |  |
| Any other black background |  |
| **Other ethnic background** |  |
| Arab, Arab Scottish or Arab British |  |
| Any other group |  |
| Unknown |  |
|  |
| **Disability** |
| **Do you consider yourself to have a disability?**(Please delete as appropriate) | **Yes / No** |
| **If yes, please specify:** |  |
| **Gender**(Please delete as appropriate) | **Male / Female / Other** |
| **Your age at 31 March this year:** |  |

**Once completed, please insert into a separate envelope from your application.**