

Fife Society for the Blind

Scottish Registered Charity No: 001354
 A limited company registered in Scotland (No. 164278)

EMPLOYMENT APPLICATION FORM

CONFIDENTIAL

- Please complete all sections in black ink or typescript.
- Please do not enclose a CV.
- Receipt of this application form will not be acknowledged.
- Candidates will be required to evidence proof of eligibility to work in the UK, together with certificates of qualification prior to confirmation of appointment.
- Appointed Candidates will be subject to enhanced disclosure checks.
- The completed form should be sent by the advised closing date to:
Marlyn Murdoch, Corporate Services Manager, Fife Sensory Impairment Centre, Kirkcaldy, Fife, KY2 5EF

Position applied for:

PERSONAL DETAILS

| | |
|---|------------------------------------|
| Surname: | Initials: |
| Address: | Home Telephone No: |
| | Mobile Telephone No: |
| | Work Telephone No (if convenient): |
| E- Mail: | |
| National Insurance Number: | |
| Do you hold a current UK driving licence? | YES / NO |
| Is the above your permanent address? | YES / NO |
| Are you a UK Citizen? | YES / NO |
| Are you eligible to work in the UK? | YES / NO |

Emergency Contact: Telephone No:

Relationship:

Are any relatives or friends existing employees? If Yes, Who?

SECONDARY EDUCATION

| Dates (Month/Year) From: To: | Certificates gained (stating subject studied and level of pass if applicable) |
|--|---|
| | |

FURTHER EDUCATION

| Dates (Month/Year) From: To: | University or College | Qualification obtained (stating subject studied and level of pass if applicable) |
|--|-----------------------|---|
| | | |

ADDITIONAL INFORMATION

(Please include details of any skill, aptitude or personal qualities and explain how you might use them in this post)

Continue on separate sheet if necessary.

HEALTH

Do you have any condition which is likely to affect your ability to carry out the duties of this post: YES/NO
 Absence - Please provide us with the following information on any absence from work through illness in the last two years:

Number of Occasions

| Reason(s) for Absence | Number of Days |
|-----------------------|----------------|
| | |

REHABILITATION OF OFFENDERS ACT 1974

All posts within Fife Society for the Blind are exempt from the Act and any convictions, at any time, must be disclosed. Do you have any criminal convictions or pending charges? **YES/NO**

If YES, details **MUST** be attached on a separate sheet.

REFEREES (One of which must be your present or most recent employer)

| | |
|--|--|
| 1. Name & Address | 2. Name & Address |
| Designation: | Designation: |
| Telephone No: | Telephone No: |
| May this referee be approached now? YES/NO | May this referee be approached now? YES/NO |

DECLARATION

I declare that to the best of my knowledge the information given on this form is true and correct and can be treated as part of any subsequent contract of employment.

Signature _____ Date: _____