**APPLICATION FOR EMPLOYMENT**

**EDINBURGH & LOTHIANS GREENSPACE TRUST**

Thank you for your interest in a position at ELGT.

**IMPORTANT INFORMATION FOR CANDIDATES**

Please note:

* **Do not enclose a CV** as the information contained in it will not be considered.
* The personal details and the equal opportunities information sheets are both separated from your application form upon receipt and will not be made available to the shortlisting panel.
* Please return your completed application either by email or post:

*By email to:*

recruitment@elgt.org.uk (we will acknowledge all applications received before the stated closing date and time)

*By post to:*

Recruitment - confidential

ELGT

109/11 Swanston Road

Edinburgh EH10 7DS

**Privacy Statement:**

The information provided on this application will only be used for the purpose of selection/recruitment and will remain private and confidential throughout. It will be destroyed six months after the interview date unless you take up employment with us, in which case it will become part of your personal employee record.

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| **POST APPLIED FOR:** | **Community Link Worker** |

**PERSONAL DETAILS**

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| **Your full name** |
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| **Address** |
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| **Email address** |  |
| **Telephone number** |  |
| **Mobile phone number** |  |

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| **Are you legally eligible for employment in the UK?** |  |
| **Do you have proof of your eligibility?***e.g. passport or birth certificate, or a document issued by the Home Office or UK Border Agency if relevant* |  |

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| **Where did you hear about this vacancy?** |  |

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| **Please sign**  |
| I declare that to the best of my knowledge and belief the information given on this form is correct. By signing this form, I confirm that I am giving consent for ELGT to process and hold my personal data for recruitment purposes as outlined in the privacy statement above.If this form is being sent by e-mail please type your name in this box to confirm that you are signing the form and agree to the statement above.**Signed : Date :**(Please note, if any particulars given by you in this application are found to be false, or if you wilfully omit or suppress any important facts, you may be liable to dismissal, if appointed.) |

**APPLICATION FORM**

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| **Employment** (current or most recent paid or voluntary position) |
| **Job Title:** |  |
| **From:** |  | **To:**  |  |
| **Employer’s Name & Address:** |
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| **Salary:**  |  | **Notice Period:**  |  |
| **Give a brief description of duties**  |
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| **Reasons for leaving** |
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| **Previous employment** (including voluntary work if relevant to this post) |
| **Dates:** **From: To:**  | **Name of Employer/Organisation** | **Brief details of job title, duties and reasons for leaving** |
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| **Meeting our requirements** |
| The Person Specification for the post lists the qualities required from the successful candidate.Please describe how you meet the **essential** criteria in the Person Specification. |
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| **Education and training (including in-service training)** |
| **From** | **To** | **Establishment** | **Course of Study** (state whether full-time or part-time) | **Qualification gained and level of pass**(if applicable) |
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| **Why are you interested in applying for this post?** |
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| **Do you require any particular arrangements to assist you to attend an interview?** |
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| **Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions)(Scotland) Order 2013** |
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| **REFEREES**: Please give 2 referees, one of whom should be your current (or most recent) employer or organisation in the case of a voluntary role |
| Name |  |
| Title/Position: |  |
| Address: |  |
| Telephone Number: |  |
| Email address: |  |
| Relationship to you: |  |
| May we contact them BEFORE an interview?  |  |

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| --- | --- |
| Name |  |
| Title/Position: |  |
| Address: |  |
| Telephone Number: |  |
| Email address: |  |
| Relationship to you: |  |
| May we contact them BEFORE an interview?  |  |

**Equal Opportunities Monitoring Form – *Confidential***

To assist us in the monitoring of our Equal Opportunities in Employment Policy we hope you will take the time to complete this form. This is sensitive personal data and will be treated with the utmost confidentiality in line with the requirements of Data Protection legislation. The data will only be used for statistical and monitoring purposes and will be anonymised in any report.

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| **Position Applied For:** |  |
| **Where did you see this post advertised?**  |  |

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| **Ethnic origin (based on Census 2001 categories and listed alphabetically)** |
| *How would you describe your ethnic origin? Please place an X in the relevant box* |

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| **Asian, Asian British** | **Black, Black British** |
| Bangladeshi |  | African  |  |
| Indian  |  | Caribbean  |  |
| Pakistani |  |  |
| Any other Asian background, please specify:  | Any other black background, please specify: |
| **Chinese, Chinese British** | **Mixed**  |
| Chinese |  | White and Black African |  |
|  | White and Black Caribbean  |  |
| White and Asian |  |
| Any other Chinese background, please specify:  | Any other Mixed background, please specify: |
| **White**  |
| British  |  |
| English |  |
| Irish |  |
| Scottish  |  |
| Welsh |  |
| Any other white background, please specify: |

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| **Caring responsibilities** |
| Do you have caring responsibilities?  | **Yes** | **No** |
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| If ‘**yes**’ are they?  | **Children**  | **Others (Parents/relatives/friends)** |

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| **Age: Are you?** |
| **16-24** |  | **25-34** |  | **35-44** |  | **45-54** |  | **55-64** |  | **65+** |  |

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| **Disability** |

A disabled person under the Disability Discrimination Act 1995 is described as anyone with a “physical or mental impairment which has a substantial and long term adverse effect on his or

her ability to carry out normal day to day activities.”

This definition can be broken down to help explain the meaning of disability:

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| **Physical impairment** | Such as difficulty using your arms or mobility issues which meansusing a wheelchair or crutches |
| **Mental impairment** | Such as depression or schizophrenia |
| **Sensory impairment** | Such as being blind/having a serious visual impairment or being deaf or having a serious hearing impairment |
| **Learning disability** | Such as Down’s Syndrome |
| **Specific Learning Difficulty** | Such as dyslexia, autism, cognitive impairment or head injury |
| **Long standing illness** | Such as cancer, HIV, diabetes, chronic heart illness or epilepsy |
| **Other** | Such as disfigurement |

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| Do you consider yourself to have a disability?   | **Yes** | **No** |
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| What is the nature of your disability or health condition?   |

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| **Gender: are you?** |
| **Male** |  | **Female** |  | **Prefer to self describe:** |  | **Prefer not to say**  |  |
| *If you are going through gender reassignment, please select the gender you identify as* |
| **Gender: is your gender identity the same as you were assigned at birth?** |
| **Yes** |  | **No** |  | **Prefer not to say** |  |

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| **Marital status: are you?** |
| **Married** |  | **Unmarried** |  | **In a civil partnership** |  |

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| **Religion or belief: are you?**  |
| Baha’i  |  | Buddhist |  |
| Christian |  | Hindu |  |
| Jewish  |  | Muslim |  |
| Sikh  |  | Other religion |  |
| Do not wish to declare  |  | Not religious |  |

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| **Sexual Orientation: are you?** |
| **Bisexual** |  | **Gay man/woman** |  | **Heterosexual/straight** |  |
| **Other, please specify:** | **Prefer not to say** |  |