# Application Form

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| Vacancy Reference | G949 | Closing Date: |  |
| Department |  |  Post title | Chief Officer, Edinburgh Health and Social Care Partnership |

**Please complete this form in black ink**

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| Personal Details |
| **ID (for office use only)**  |  |
| **Initials** |  | **Surname** |  |
| **Current/most recent job title** |  |
| **Current/most recent employer** |  |
| **Current/most recent salary** |  |
| **Current notice period** |  |
| **Home Address 1** |  |
| **Home Address 2** |  |
| **City** |  |
| **Country** |  | **Postcode** |  |
| **Mobile Phone No** |  | **Home Tel No** |  |
| **Where did you see the post advertised?** |  |

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| Qualifications |
| Please detail below the qualifications you hold from secondary education level onwards and the grades you were awarded. For non-UK qualifications please give the original results rather than the UK equivalents. Please also detail any qualifications you are currently studying for along with your expected result(s). **Please continue on a separate sheet if required.** |
| **Qualification** | **Subject** | **Grade awarded** |
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| Experience |
| Please give full details of significant employment. Indicate whether it was full-time, part-time, vacation work or an industrial placement and provide details of specific responsibilities, experience and knowledge gained.**Please continue on a separate sheet if required.** |
| **Company** |  |
| **Job Title** |  |
| **Start Date** |  |
| **End Date** |  |
| **Description** |  |

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| **Company** |  |
| **Job Title** |  |
| **Start Date** |  |
| **End Date** |  |
| **Description** |  |

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| **Company** |  |
| **Job Title** |  |
| **Start Date** |  |
| **End Date** |  |
| **Description** |  |

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| **Job Title** |  |
| **Start Date** |  |
| **End Date** |  |
| **Description** |  |

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| **Company** |  |
| **Job Title** |  |
| **Start Date** |  |
| **End Date** |  |
| **Description** |  |

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| References  |
| Please provide details of two references, at least one of whom is your current or most recent employer. We will contact your current/most recent employer to request a reference prior to any job offer being made to you. |
| **First name** |  | **Surname** |  |
| **Position Title** |  |
| **Organisation Name** |  |
| **Address** |  |
| **City** |  |
| **Country** |  | **Postcode** |  |
| **Contact tel no** |  | **Email** |  |
| **Are we able to contact this referee prior to interview?** |
| Yes |  | No |  |  |

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| **First name** |  | **Surname** |  |
| **Position Title** |  |
| **Organisation Name** |  |
| **Address** |  |
| **City** |  |
| **Country** |  | **Postcode** |  |
| **Work Phone No** |  | **Email** |  |
| **Are we able to contact this referee prior to interview?** |
| Yes |  | No |  |  |

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| Application Questions |
| Are you related to any member or senior officer of the City of Edinburgh Council or NHS Lothian? If yes, please state the name, position and relationship. If not please state ‘no’ |
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| Please describe your experience, skills, abilities, achievements and responsibilities which are most relevant to the post. You may want to use examples from, or make reference to; other areas of involvement as well as paid employment.**Please continue on a separate sheet if required.** |
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| Experience, skills, etc continued |
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| Please provide details of any relevant training you have undertaken |
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| Please provide details of current professional membership if required for the post |
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| Branching Questions |
| The City of Edinburgh Council and NHS Lothian welcome applications from people who have or have had a disability.  We will interview all applicants who have or have had a disability and meet the minimum essential criteria for the job. For more information about disability view our Candidate Quick Guide on <http://www.edinburgh.gov.uk/jobs> or alternatively visit <http://direct.gov.uk/en/DisabledPeople>. Do you consider yourself to have a disability?   |
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| Please give information about reasonable adjustments you would like the Council / NHS Lothian to consider making in respect of the job you are applying for in order that you might carry out the essential tasks of the job. |
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| Please give information about any assistance you require to attend an interview. |
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| Equality and Diversity Monitoring Questionnaire |
| The City of Edinburgh Council and NHS Lothian are equal opportunities employers and positively value the different perspectives and skills that a diverse workforce brings. We are therefore keen to ensure that no employee receives less favourable treatment particularly on the grounds of his or her age, sex, race, nationality, disability status, ethnic origin, gender identity, marital status, sexual orientation, religion or similar belief, working pattern, employment status, caring responsibilities, political belief or trade union membership. The reason that we ask the questions below is so that we can understand more about the people who leave our organisations to try and ensure that we have appropriate retention strategies in place and that there are no negative impacts of any policy or practice on any one particular group. **This form is not made available to those involved in short listing or conducting the interview.****Please tick appropriate box in each section.** |

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| **What is your gender?** |
| Male |  | 1 |  |
| Female |  | 2 |

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| **What is your age?** |
| Under 20 |  | 1 |  |
| 20 - 29 |  | 2 |
| 30 - 39 |  | 3 |
| 40 - 49 |  | 4 |
| 50 - 59 |  | 5 |
| Over 60 |  | 6 |

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| **What is your marital status?** |
| Married/civil partnership |  | 1 |  |
| Unmarried/civil partnership |  | 2 |
| Other\* |  | 3 | Please specify |  |
| \*eg widowed but have not remarried, separated, living with a partner, single |

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| **What is your sexual orientation?** |
| Heterosexual |  | 1 |  |
| Homosexual |  | 2 |
| Bisexual |  | 3 |
| Other |  | 4 |
| Prefer not to say |  | 5 |

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| **Do you have a disability**Disability is defined in law as ‘A physical or mental impairment, which has a substantial and long term adverse effect on your ability to carry out normal day-to-day activities’.Do you consider yourself to have such a disability? |
| Yes |  | 1 |  |
| No |  | 2 |
| **What is your ethnic group?** |
| Please identify yourself with one of the categories below that you most closely associate yourself with, having regard to your ethnic or cultural background. |
| White Scottish |  | 1 |  |
| White - other British |  | 2 |
| White - Irish |  | 3 |
| White - other |  | 4 | Please specify |  |
| Black Caribbean |  | 5 |  |
| Black African |  | 6 |
| Black - other |  | 7 | Please specify |  |
| Indian |  | 8 |  |
| Pakistani |  | 9 |
| Bangladeshi |  | 10 |
| Chinese |  | 11 |
| Asian - other |  | 12 | Please specify |  |
| Any other ethnic group |  | 13 | Please specify |  |

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| **What is your religion, denomination, body or faith?** |
| None |  | 1 |  |
| Church of Scotland |  | 2 |
| Roman Catholic |  | 3 |
| Other Christian |  | 4 | Please specify |  |
| Buddhist |  | 5 |  |
| Hindu |  | 6 |
| Jewish |  | 7 |
| Muslim |  | 8 |
| Pagan |  | 9 |
| Sikh |  | 10 |
| Another religion |  | 11 | Please specify |  |

Thank you for taking the time to complete this questionnaire

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Please return your completed application form to: Katy Gall at Aspen People, 78 St Vincent Street, Glasgow G2 5UB or by email –** kgall@aspenpeople.co.uk