 ****

**Improving Lives**

**Application Form**

|  |  |
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| A | POST DETAILS |
| Post Title:  | **Self Directed Support Advisor** |

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| **B** | **PERSONAL DETAILS** |
| Surname:  |  | Initial(s):  |  |
| Address and Postcode: |  |
| Telephone (Home): |  | National Insurance Number: |  |
| Telephone (Business): |  | E-Mail Address: |  |

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| C | **REFEREES** |
| Please provide details of two referees. If you **do not** want your referees to be contacted before the interview, please tick √ box below. |
|  | First Don’t contact before interview √  | SecondDon’t contact before interview √  |
| Name: |  |  |
| Designation: |  |  |
| Address: |  |  |
| Post Code: |  |  |
| Telephone: |  |  |
| E-Mail: |  |  |

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| **D** | **ADVERTISEMENT SOURCE** |
| Where did you see this vacancy advertised? |    |

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| **E** | **DO YOU HOLD A CURRENT DRIVING LICENCE? ( Please tick appropriate boxes below )** |
| Yes | No | Full | Provisional | Car | Motorcycle | LGV | PCV | If LGV or PCV, please state Class | No. of Penalty points and please give details |
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| **F** | **EDUCATION (certificates gained at school)** |
| Subjects indicating levele.g. Maths – Standard Grade | Results Obtainede.g. 1/2/3 | Date Obtained |
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| **G** | **FURTHER / HIGHER EDUCATION** |
| College / University or Other (please give details) | Qualification(s), Modules or Units Gained | Date Awarded |
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| **H** | **OTHER TRAINING RELEVANT TO THIS APPLICATION** |
| Course | Provided By | Topics Covered | Duration |
|  |  |  |  |

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| **I** | MEMBERSHIP OF PROFESSIONAL BODIES |
| Name of Institution | Membership No. | Class of Membership | From | To |
|  |  |  |  |  |

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| **J** | **CURRENT EMPLOYMENT (Please highlight all current employment)** |
|  |  |  |  |
| Name and Address of Employer | Position Held and Nature of Duties | DatesFrom To | Contract Hours | CurrentSalary |
|  |  |  |  |  |

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| K | **PREVIOUS EMPLOYMENT**  |
| Name and Address of Employer | Position Held and Nature of Duties | DatesFrom To | Reasons for Leaving |
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| L | **HEALTH**  |
| 1. Do you have any medical condition that can affect your performance of the duties outlined for this post. If so, please specify.
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| 1. Please detail the number of working days lost due to illness over the last 24 months, specifying duration(s) and reason(s)
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| **M** | **SUPPORTING INFORMATION** |
| With reference to the Person Specification please highlight your knowledge, skills and experience that makes you an ideal candidate for this post and tell us why you would like to work for Improving Lives. (Please continue this answer up to a maximum of 2 sides of A4). |

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| **T** | **DECLARATION (read carefully before signing)** |
| This post will be covered by the Rehabilitation of Offenders Act 1974. * I agree to a Disclosure Scotland check being made if it is required
* I certify that all the information contained within this form is correct and false information or omissions may lead to dismissal without notice.

Signed \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PLEASE SEND COMPLETED APPLICATION FORM TO IMPROVING LIVES BY EMAIL TO contact@improvinglives.co.uk TO ARRIVE NO LATER THAN 12PM ON 21ST APRIL 2025.**  |