Senior Caretaker
Application Form

All information is provided in confidence and will be stored and processed in accordance with the GDPR.

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| **Personal Details** |
| Surname: | First Names: |
| Address:Postcode: |
| Mobile Number:Home Number: | Email Address: |
| Where did you hear of this vacancy? |
| Do you require a work permit? |
| When would you be available to take up appointment? |

Please note that we are only able to accept applications from people who have the right to work in the UK.

**Only fill in this section if the information required is not on your CV.**

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| **Education, Qualifications & Training** |
| Secondary EducationFrom To Qualifications gained and subjects studied |
|  |  |  |
| Further/Higher EducationFrom To Qualifications gained and subjects studied |
|  |  |  |
| Relevant Training |

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| **Employment History** |
| Name of employer, job title, description of duties and responsibilities  | Dates employed (from/to) and reason for leaving  |
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**Only fill in this section if the information required is not on your CV.**

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| **References** |
| 1.Name and address:Telephone Number (include code): Email address:Capacity in which known to you: Can we approach this referee before interview?  |  2.Name and address:Telephone Number (include code): Email address:Capacity in which known to you: Can we approach this referee before interview?  |

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| Please outline your reasons for applying for this role and how you meet the requirements for it. |
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| Tell us how you approach prioritising and manging your work time. |
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| Tell us about a time you have delivered exceptional customer care. |
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| What is the most outrageous thing you have ever done? (sinful or righteous!) |
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Please return this form with your CV and other required documentation ***preferably*** electronically to David Shanks - david@psandgs.org.uk

Applications will be reviewed on receipt and you will be contacted about the next steps.

We will respond to all applications to acknowledge safe receipt.

**Staff Application Form – Additional Personal Information**

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| Post Applied For: |
| Surname: | Initials: |

# HEALTH

Do you have any health problems that would impair your ability to carry out the post applied for? Yes/No

If YES, please give brief details:

If you replied positively and are successful you may be required to provide a medical report from your GP and/or meet with the Church’s Occupational Health Adviser.

If successful, the appointment would be subject to child protection screening by Disclosure Scotland. Is there anything in connection with this which you would like to let us know about now? Yes/No

# DISABILITY AND REASONABLE ADJUSTMENTS

In order to allow us to ensure that you have all the facilities necessary to allow you to participate fully in the interview, please let us know of any needs below

Adjustments required for interview:

If you were to be successful in the application, please let us know about any adjustments you think you would need to carry out the duties of the post:

Adjustments required in the post: