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**South Ayrshire Independent Housing Information, Advice, Advocacy and Engagement Services**

7 York Street, Ayr KA8 8AN Website: www.ayrhousingaidcentre.com

Tel: (01292) 288111 E-mail: info@ayrhousingaidcentre.com

Text & WhatsApp Advice: 07549 603895 Chief Executive Officer: Suzanne Slavin BSc (Open)

**CONFIDENTIAL**

**AN EQUAL OPPORTUNITIES EMPLOYER**

**APPLICATION FORM FOR POST OF:-**

**ADMINISTRATION ASSISTANT – EVOLVE PROGRAMME**

**SECTION A**

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| **PERSONAL DETAILS** |
| Full Name: |
| Any previous names by which you have been known: |
| Address: **(must be South Ayrshire resident for the Evolve programme)** |
|  |
| Postcode: |
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| How long have you lived at the above address? |
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| If less than 12 months, please give your previously address (including postcode): |
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| DOB **(we need to verify you are over 25yrs for the Evolve Programme)**: |
| Email: |
| Telephone: |
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| Do you have a current Driving Licence? YES/NO |
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| Please detail any membership of the Protecting Vulnerable Groups Scheme/Disclosure Scheme: |
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**SECTION B**

**Please give brief details of your previous work & any voluntary experience**

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| PREVIOUS EXPERIENCE |  | **For the Evolve Programme you must be over 12 months unemployed** |
| NAME AND ADDRESS OF EMPLOYER: | DATES | SUMMARY OF ROLES AND RESPONSIBILITIES: |
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**SECTION C**

Please give details of any previous experience you may have of working with vulnerable adults/Service Users/homeless people, working in a busy office, and skills you can bring to this role.

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**SECTION D**

Please give details of any relevant qualifications, training and personal qualities which you feel

equip you to perform well in this role.

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**SECTION E**

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| **SUPPORT STATEMENT**  Please state why you are applying for this post; refer to any knowledge, skills experience or other factors which you consider relevant to this position. Reflect on the skills required within job spec and illustrate experience, examples of previous experience, etc. Any examples of how you dealt with difficult situations, customers, etc |
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**SECTION F**

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| **MEDICAL DETAILS** Please give details of any continuous sickness absence in the past 2 years |
| Please provide details here: |
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| Number of working days lost in the last 2 years: |

**SECTION G**

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| **REFEREES** |
| Please give the name and contact details of 2 suitable referees. At least one should have knowledge of any previous work you may have undertaken in a professional capacity e.g. Supervisor/Manager. |
|  |
| Please tick the box if you have objections to a referee being contacted prior to interview |
|  |
| Name: Designation: |
| Address (including postcode): Email: |
| Telephone: |
|  |
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| In what capacity do you know this person (Manager/Supervisor, etc)? |
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|  |
| Name: Designation: |
| Address (including postcode): Email: |
| Telephone: |
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| In what capacity do you know this person (friend, colleague, etc)? |
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**SECTION H**

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| **CANDIDATES DECLARATION** |
| I confirm that all information in this form is, to my knowledge, correct. I accept that false information or omission may lead directly to dismissal without notice; and that canvassing of members of the Council, directly or indirectly in connection with this post will disqualify me. |
| Signature……………………………………… Date………………………. |

**PLEASE RETURN**:- **3 Forms** – (Application, Equal Opportunities Monitoring and Self Declaration)

to :-

[**recruitment@ayrhousingaidcentre.com**](mailto:recruitment@ayrhousingaidcentre.com)

**The information you give us in this form will be treated in the strictest confidence and**

**complies with our GPDR Policy and procedures.**

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| **EQUAL OPPORTUNITIES MONITORING FORM** |

Ayr Housing Aid Centre SCIO operates an Equal Opportunities recruitment and selection policy which ensures that no job applicant or employee is treated less favourably than any other. For the policy to be effective, detailed monitoring of applications requires to be carried out to ensure that no candidate is discriminated against on the grounds of gender, race, colour, nationality, ethnic or national origins, marital status, disability, sexuality or age.

Your assistance would be appreciated in providing information which will be treated in the strictest confidence and will be used simply to provide a statistical profile of the applicants for each job. The information will not be made available to any person involved in the selection process.

Thank you for your co-operation.

**PLEASE TICK THE APPROPRIATE BOX**

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| **SEX**  Are You?  Male  Female  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **MARITAL STATUS**  Are You?  Married  Not Married | **ETHNIC ORIGIN**  Are You?  White  Black – African  Black – Caribbean  Black – Other  (please specify)  ……………………………………….  Indian  Bangladeshi  Pakistani  Chinese  Other  (please specify)  ………………………………………. | **AGE**  Are You?  Aged Under 21 years  21 – 30  31 – 40  41 – 50  51 – 60  Over 60  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DISABILITY**  Are You?  Registered Disabled  Disabled  (not Registered)  Not Disabled |
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| **POST DETAILS** |
| POST APPLIED FOR: ADMINISTRATION ASSISTANT – EVOLVE PORGRAMME |

**SELF DECLARATION FORM (Enhanced Level)**

**Private and Confidential**

The post that you have applied for is for a prescribed purpose and is therefore exempt from the Rehabilitation of Prisoners Act 1974. You are therefore required to disclose all convictions (spent and unspent), cautions, and any relevant non-conviction information.

Please give details regarding any convictions and cautions under the heading in **Section 1.**

Please give details of any relevant non-conviction information in **Section 2.**

If you have **no** convictions, cautions, or relevant non-conviction information please go to **Section 3** and sign the Declaration Form.

**Section 1**

a) Please give the date and details of the conviction(s) that you were charged with, the sentence that you received and the court where your conviction(s) was heard.

b) Please give details of the reasons and circumstances that lead to your offence(s).

c) Please give details of how you completed the sentence imposed, (for example did you pay your fine as required, what conditions were attached to your probation/community service/supervised attendance order, did you comply with the requirements of your order/custodial sentence etc.

d) Have any other organisations supported you to work through any of the above issues?

e) What have you learned from the experience?

**Section 2**

Non-conviction relevant information e.g. are there any ongoing investigations or complaints which could impact on your employment?

**Section 3**

Declaration **(I certify that all information contained in this form is true and correct to the best of my knowledge and realise that false information or omissions may lead to dismissal).**

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

*NOTE: The information given in this form will be treated in the strictest confidence. Please seal this form in the addressed envelope provided and return prior to your interview.*