



## APPLICATION FOR APPOINTMENT CASEWORK MANAGER

<p>Surname: (Block Letters)</p> <p>Forenames: (in full)</p> <p>Title: (Mr, Mrs, Miss Ms etc)</p> <p>Any other names by which you have been known:</p> <p>Nationality at birth:</p> <p>Present nationality:</p> <p>Have you ever possessed any other nationality or citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, give full details with dates:</p> <p>Are you subject to immigration control? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you need a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you free to remain and take up employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Permanent address (BLOCK LETTERS)</p> <p>Postcode:</p> <p>Telephone number:</p> <p>eMail address:</p> <p>Address for letters (if different from above)</p> <p>Postcode:</p> <p>If you are an existing Scottish Government employee please enter pay reference number:</p> <p>Telephone number or number where a message may be left:</p>
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**AVAILABILITY FOR ATTENDANCE AT ASSESSMENT CENTRE**

Dates when **NOT** available:  
**We cannot undertake to avoid these dates but will try to do so.**

**WORKING PATTERN**

Do you wish to work: Full-time  Part-time  Other

If you wish to work part-time or another pattern, please state details:

**ADVERTISING AND PUBLICITY**

In which website or publication did you learn of this position?

**IN CONFIDENCE - WHEN COMPLETED**

**DISABILITY (You need not answer these questions unless you wish to do so)**

The SG participates in the "Positive about Disabled People" scheme. Under this scheme, all candidates who consider themselves to be disabled in terms of the Disability Discrimination Act 1995, and who meet the essential minimum criteria for the post, will be guaranteed an interview.

Do you claim a guaranteed interview under the "Positive about Disability" scheme?    **Yes**     **No**

**Note:** The Disability Discrimination Act 1995 defines a disability as a **physical or mental impairment** which has a **substantial and long term** (i.e. lasted or likely to last for 12 months or more) **adverse** effect on a person's ability to carry out **normal day-to-day activities**. Further guidance in relation to the meaning of disability is accessible on the Equality and Human Rights Commission website <http://www.equalityhumanrights.com>

If you have a disability and are invited to sit a test or attend an interview would you like any special arrangements made? If so, please give details below:

**EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

Subject	Type of Qualification eg GCSE, Standard Grade, Higher, Degree	Attainment level

**MEMBERSHIP OF PROFESSIONAL REGULATORY BODIES**

Name of Organisation	Registration Number/Level of Membership	Renewal Date

**EMPLOYMENT HISTORY**

**PRESENT EMPLOYMENT (if employed)**

Employer (Name, Address and nature of Business)	Jobs Held/Key Achievements	Reason for wanting to leave

**Pension Details**

Are you currently in employment with either the Civil Service pension or a pension "by-analogy" to the Civil Service arrangements? Yes  No

If you have answered NO to above, have you ever been a member of the Civil Service Pension scheme? Yes  No

**PREVIOUS EMPLOYMENT**

Please give the following details concerning any previous employment (*starting with the most recent*). Please account for periods where you were not in employment by including other experience, for example voluntary experience, extended travel, and caring experience. Please continue on a separate sheet if necessary. Please add your name to any additional sheets.

Employer (Name, Address and nature of Business)	Jobs Held/Key Achievements	Reason for wanting to leave

**STATEMENT IN SUPPORT OF APPLICATION.** Please use this space to provide evidence of how you meet the criteria of this post with reference to the particular skills, experience and competencies required as set out in the advert and further information. You may also use this space to provide any relevant information not covered elsewhere on this form. Please continue on a separate sheet if necessary. Please add your name to any additional sheets.

**YOU MUST SIGN AND DATE THIS FORM**

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed. By signing this application I understand I am giving consent for the Scottish Government to obtain the information as outlined in the further information sheet.

SIGNATURE

DATE

**IMPORTANT** To allow us to process your application you are required to complete the Referee Information Form below and return it with your application form. We also ask that you complete the Diversity Monitoring Form.

We must interpret strictly and impartially the prescribed conditions regarding age, nationality and qualifications, but it is not possible to investigate the eligibility of every candidate before interview. You should therefore satisfy yourself that you are eligible before you apply. If you are successful at interview a complete enquiry into your eligibility will be made. If you are uncertain about any aspect of your eligibility please contact us.

**Note:** The Employment Equality (Age) Regulations 2006, effective from 1 October 2006, protects employees from discrimination and harassment on the grounds of age. Details about your age will be kept separately from your application form and will not be made available to those involved in the selection decision.

Please return the completed form to the address below by 11 April 2008

Fiona Grant  
Scottish Government  
Central Resourcing Unit  
S1 Spur SO4683EXT  
Saughton House  
Broomhouse Drive  
Edinburgh  
EH11 3XD

You can eMail your application to: [Fiona.Grant@scotland.gsi.gov.uk](mailto:Fiona.Grant@scotland.gsi.gov.uk)  
If your application is submitted by eMail we will require you to sign this form if successful.

IN CONFIDENCE - WHEN COMPLETED

REFEREE INFORMATION FORM

Please provide the contact details of two referees, or more, ensuring a 5 year period is covered, where appropriate:

1. Current or most recent employer.

Name/Position	Contact address and telephone number	Dates employed

May we contact this referee now? Yes  No

2. Previous employer(s).

Name/Position	Contact address and telephone number	Dates employed

May we contact these referees now? Yes  No

3. If applicable, if you are still in or have recently left full-time education, please provide the following details.

Name/Position	Contact address and telephone number	Dates employed

May we contact this referee now? Yes  No

BY SIGNING YOUR APPLICATION, YOU ARE GIVING CONSENT FOR US TO OBTAIN THE INFORMATION AS OUTLINED IN THE FURTHER INFORMATION SHEET  
Please note information provided on this form will only be seen by HR

**IN CONFIDENCE - WHEN COMPLETED**  
**SCOTTISH GOVERNMENT – DIVERSITY MONITORING**

As an employer, it is the aim of the Scottish Government to become an exemplar in the field of diversity and to broadly reflect the communities we serve. We also want to ensure that our job opportunities are open to all. To help us achieve this, it is important that we obtain accurate and complete data from every job applicant and employee.

Although you do not have to provide this information, it would be extremely helpful if you do so, even if you only feel able to provide some of the information requested. All information gathered will be held in the strictest confidence, accessible only to the very small number of Human Resources and other staff who require it, and in line with the principles of data protection legislation. It will be used only for the purposes of monitoring and collated data will never be published where there are numbers less than five to ensure that individuals cannot be identified.

<b>Name:</b>	
<b>Pay Reference Number: (if available)</b>	
<b>Date of Birth:</b>	

**QUESTION 1 – NATIONAL IDENTITY**

**What do you consider your national identity to be?**

Please choose ONE answer from the list below.

- Scottish
- English
- Welsh
- Irish
- British
- Other
- Prefer not to say

If Other, how would you describe your national identity?

**QUESTION 2 – ETHNICITY**

**What is your ethnic group?**

Choose ONE section from A to E, then click on the appropriate box to indicate your ethnic group.

**A White**

British

Any Other White background, please write in

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**B Mixed**

Any Mixed background, please write in

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**C Asian, Asian Scottish or Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any Other Asian background, please write in

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**D Black, Black Scottish or Black British**

Caribbean

African

Any Other Black background, please write in

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**E Other ethnic group**

Any Other background, please write in

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**F Prefer not to say**

**IN CONFIDENCE - WHEN COMPLETED  
SCOTTISH GOVERNMENT – DIVERSITY MONITORING**

**QUESTION 3 –DISABILITY**

**4. Do you have any health condition or disability?**

	Yes	No	Prefer not to say
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Has it lasted or is it expected to last 12 months?**

	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	

**6. Does this have an adverse effect on your day-to-day activities?**

	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	

**7. Which of the following categories best describes the nature of the health condition/disability?**

- Hearing Impairment
- Visual Impairment
- Speech Impairment
- Mobility
- Physical Co-ordination
- Physical Capacity
- Severe Disfigurement
- Learning Difficulties
- Mental Illness
- Other

Please specify if you wish	
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Prefer not to say

**IN CONFIDENCE - WHEN COMPLETED**  
**SCOTTISH GOVERNMENT – DIVERSITY MONITORING**

**Religion or Belief**

- None
- Church of Scotland
- Roman Catholic
- Other Christian

Please specify if you wish	
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- Buddhist
- Hindu
- Muslim
- Jewish
- Sikh
- Pagan
- Another faith, belief or religion
- Prefer not to say

**Sexual orientation**

- Bi-sexual
- Gay man
- Gay woman/lesbian
- Heterosexual/straight
- Other
- Prefer not to say