

# CHEST, HEART & STROKE SCOTLAND



## APPLICATION FORM

Post applied for:  
Location:

### PERSONAL DETAILS:

Surname(s):

Initial(s):

Address:

Postcode:

Telephone No:

Mobile No:

E-mail address:

Please return the completed application form to:

**Private and Confidential**

Human Resources Section

Chest Heart & Stroke Scotland

3<sup>rd</sup> Floor, Rosebery House, 9 Haymarket Terrace, Edinburgh, EH12 5EZ

Or return by email to: [hrdept@chss.org.uk](mailto:hrdept@chss.org.uk)

**EDUCATION:**

Please give full details of qualifications achieved which you feel are relevant to this application.

Year	Qualification	Grade

**Membership of professional bodies:**

Year	Body	Level

Evidence of qualification and/or membership of professional bodies will be required before appointment.

**TRAINING:**

Please list any training you have received or courses which did not lead to a qualification but which you feel are relevant to the advertised post.

Training course	Date



**VOLUNTARY WORK:**

Name and address of organisation	From (mth/yr) To (mth/yr)	Brief description of role and responsibilities

**PERIODS NOT ACCOUNTED FOR:**

Please give details of what you were doing during gaps in employment of more than two weeks (but not holidays) e.g. registered unemployed etc.

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**SUPPORTING STATEMENT:**

Please refer to the person specification and give examples from your experience of how you can demonstrate these skills or abilities. You may give additional information which you feel will support your application. Continue on a single separate sheet (A4 size) if required. Please put your full name on additional sheets. CVs are not accepted.

**SUPPORTING STATEMENT (Contd.):**

**ENTITLEMENT TO WORK IN THE UNITED KINGDOM:**

Are you entitled to work in the UK? YES NO

Are there any restrictions regarding your employment? YES NO

If yes, please give details below:

.....  
.....

If you are offered work with CHSS you will be required to provide documentary evidence (e.g. birth certificate, passport, residence document issued by the Home Office or Border and Immigration Agency) of your entitlement to work in the United Kingdom before employment can commence.

CHSS may contact the Border and Immigration Agency to verify entitlement to work should an offer of employment be made.

**NOTICE PERIOD:**

How much notice are you required to give your current employer? .....

**MISCELLANEOUS:**

If the post applied for involves driving, do you have a full and current driving licence?

YES / NO

Please state from which source you first became aware of this vacancy:

.....

**REFERENCES:**

These referees must know you in a working capacity, paid or unpaid; one must be your present or most recent employer. References from peers, friends or relatives are **not** acceptable. Please ensure that all referees listed are willing and able to provide a reference as failure to supply satisfactory references will lead to an offer of employment being withdrawn or employment terminated (where references are received after start date).

**PLEASE ENTER THE FULL ADDRESS AND POSTCODE FOR REFEREES**

1. Name:

Address:

Postcode :

Tel No:

Designation:

What is the referee's relationship to you? (i.e. supervisor, manager etc.)

2. Name:

Address:

Postcode:

Tel No:

Designation:

What is the referee's relationship to you? (i.e. supervisor, manager etc.)

**DECLARATION**

I hereby declare that this information is complete and correct to the best of my knowledge

Signature:

Date:

Please note that any false statement or omission on this application form may lead to your application being disqualified or to your future dismissal, if appointed.

**ACKNOWLEDGMENT OF RECEIPT**

To confirm receipt of your application please feel free to phone the HR Section (0131 225 6963) or enclose a stamped, addressed envelope for us to send a receipt by post. Applications sent by e-mail will be acknowledged automatically.



## Equal Opportunities Monitoring Form

CHSS is committed to equal opportunities for all job applicants and employees. It aims to meet its statutory duties in relation to equal opportunities, and to follow good practice in this area.

CHSS aims to ensure that no individual is unjustifiably discriminated against on the basis of gender, ethnic or national origin, disability, age or other relevant distinction.

In order to monitor how well we meet our legal responsibilities all applicants are requested to complete this form and return it to our Human Resources Section. The information you provide will be treated as **STRICTLY CONFIDENTIAL** and will be used only for monitoring and statistical purposes by the Human Resources Section. This sheet will be removed from your application form by Human Resources Section.

This form is a voluntary document. Leave blank any sections you do not wish to complete.

**Please complete in BLOCK CAPITALS:**

**Post applied for:**

**First name:**

**Date of birth:**

**Surname:**

**Gender: (Male or Female)**

**How would you describe your ethnic origin? (e.g. White, Black, Asian etc.)**

**How would you describe your nationality? (e.g. Scottish, English, Irish etc.)**

**The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.**

**Do you consider yourself to have a disability?      YES / NO**

**Please return completed form to:**

**‘Private and Confidential’  
Human Resources Section  
Chest Heart & Stroke Scotland  
3<sup>rd</sup> Floor, Rosebery House, 9 Haymarket Terrace, Edinburgh, EH12 5EZ**

**THANK YOU**