



APPLICATION FORM Part 1

Please complete all sections of the Part 1 and return along with Part 2 to:
hr@sleepscotland.org. **Only Part 2 will go to the recruiting panel**

Reference # (for official use only)	
Position applied for:	
Name:	
Address (incl. postcode):	
Daytime telephone number (incl. code):	
Evening telephone number (incl. code):	
E-mail address:	
May we telephone you during the day? (please delete as appropriate)	YES / NO

Have you had any criminal convictions? (Delete as appropriate) <i>Please ignore 'spent' offences under the Rehabilitation of Offenders Act 1974.</i> YES / NO
Do you have any charges pending? (Delete as appropriate) YES / NO
If you answered yes to either of the above, please give details:
A work permit is required for all non-UK citizens. Do you require a work permit? (Delete as appropriate) YES / NO
If you have answered yes, please state period of validity:
Do you have a valid driving license? (Delete as appropriate) YES / NO
How much notice do you need to give your current employer?
Where did you hear of the vacancy?

REFERENCES

Please give names and addresses of two referees, one of which must be your previous or present employer.

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Telephone number:	Telephone number:
Email:	Email:
May we contact the referee before interview? YES / NO	May we contact the referee before interview? YES / NO
In what capacity does the referee know you?	In what capacity does the referee know you?

DECLARATION:

I declare that, to the best of my knowledge, the information given on this form, and on any attachments to it, is true and correct. I understand and hereby agree that if I am appointed to the Sleep Scotland's staff it will be on the basis of this information and that a false statement may result in termination of that appointment.

Signature: Date:

Name of Applicant: