



**Argyll and Bute Third Sector Interface  
Sample Application Form**

**LOGO**

**APPLICATION FORM**

Please complete this form **legibly** and return it on or before the closing date specified in the advertisement. Late applications will not be considered. **ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED BY THE PANEL.** Curriculum vitae will not be accepted. Candidates should outline clearly how their qualifications and experience meet both the essential and preferred requirements. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary.

**1. POSITION APPLIED FOR:**

**2. PERSONAL DETAILS**

Surname:	Telephone Number (Home)
Forenames:	Telephone Number (Mobile)
Dr/Mr/Mrs/Ms:	Telephone Number (Work)
Address:	Email Address:
Postcode:	

Do you have the right to work in the UK? <b>Note:</b> the Company will require proof of this right before an offer of employment can be confirmed – e.g. Birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996.	YES	NO
Do you have a clean, current driving license?	YES	NO
Have you a car/access to a car for business use?	YES	NO
Have you been checked by Disclosure Scotland?	YES	NO

**3. EDUCATION**

From	To	Type of School (e.g. Grammar/Secondary)	Examinations taken and Qualifications gained (specify grades)

**Argyll and Bute Third Sector Interface | 01369 700100 | [support@argylltsi.org.uk](mailto:support@argylltsi.org.uk)**

Argyll and Bute Third Sector Interface is a Company Limited by Guarantee in Scotland No. SC277345  
Scottish Charity No. SC029947

Registered office: c/o Edward Street Community Centre, Edward Street, Dunoon PA23 7PJ



**Argyll and Bute Third Sector Interface  
Sample Application Form  
FURTHER/HIGHER EDUCATION**

From	To	Name if Institution (state if full or part time)	Subjects taken and Qualifications gained (specify grades or degree class obtained)

**5. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS**

Date Joined	Institute/Organisation	Grade of Membership (where appropriate)

**6. EMPLOYMENT RECORD (Please list chronologically, starting with current or last employer)**

Name and Address of Employer and Nature of Business	From: To:	Job Title: Job Function/Responsibilities	Final Salary and Reason for Leaving

**7. TRAINING**

Details of training courses attended and awards achieved, including dates, if appropriate
---

**Argyll and Bute Third Sector Interface | 01369 700100 | [support@argylltsi.org.uk](mailto:support@argylltsi.org.uk)**

Argyll and Bute Third Sector Interface is a Company Limited by Guarantee in Scotland No. SC277345  
Scottish Charity No. SC029947

Registered office: c/o Edward Street Community Centre, Edward Street, Dunoon PA23 7PJ



**Argyll and Bute Third Sector Interface  
Sample Application Form**

**8. SUITABILITY FOR THIS POSITION**

Please tell us why you wish to work with children.

**9. EXPERIENCE**

Please detail any training, work paid or voluntary you have undertaken or been involved in which is relevant to this position

**Argyll and Bute Third Sector Interface | 01369 700100 | [support@argylltsi.org.uk](mailto:support@argylltsi.org.uk)**

Argyll and Bute Third Sector Interface is a Company Limited by Guarantee in Scotland No. SC277345  
Scottish Charity No. SC029947

Registered office: c/o Edward Street Community Centre, Edward Street, Dunoon PA23 7PJ



**Argyll and Bute Third Sector Interface  
Sample Application Form**

**10. ABILITIES, SKILLS AND KNOWLEDGE**

Please use this section to tell us the kind of attributes you could bring to the team and the reasons why you think that this role would be suited to you (NB this should include examples of how you meet the person specification):



**Argyll and Bute Third Sector Interface  
Sample Application Form**

**11. DISABILITY DISCRIMINATION ACT 1995**

Section 1 of this Act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities'.

Using this definition, would you consider yourself to be disabled? Yes No (please tick as appropriate)

If yes, do you require any special arrangements to be made to assist you is called for interview?  
Please provide details

**12. REFEREES**

Please give the details of two work related referees, including your current or most recent post.  
Referees will not be contacted without your prior approval/

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Telephone Number:	Telephone Number:
Nature of relationship:	Nature of relationship:

**13. VERIFICATION OF INFORMATION**

I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

Signature:

Date:

**Please complete the separate monitoring form enclosed.**

Published on the Argyll and Bute Third Sector Interface Self-Serve system ([www.argylltsi.org.uk](http://www.argylltsi.org.uk))  
(Adapted from CVS Falkirk)

Version: 1.0

Published: May 2020

Review date: May 2021

**Argyll and Bute Third Sector Interface | 01369 700100 | [support@argylltsi.org.uk](mailto:support@argylltsi.org.uk)**

Argyll and Bute Third Sector Interface is a Company Limited by Guarantee in Scotland No. SC277345  
Scottish Charity No. SC029947

Registered office: c/o Edward Street Community Centre, Edward Street, Dunoon PA23 7PJ