

**FACULTY OF ADVOCATES**

**FACULTY SERVICES LIMITED**

APPLICATION FOR EMPLOYMENT

Please note that only information contained on the application form will be considered.

|  |  |
| --- | --- |
| **Vacancy Number:** |  |
| **Job Title:** |  |

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forename:** |  |
| **Address** |  |
| **Postcode:** |  |
| **Home Telephone Number:** |  |
| **Mobile Telephone Number:** |  |
| **E-Mail Address:** |  |

# SKILLS SUMMARY

|  |
| --- |
| **Summarise the main skills and attributes you have developed through employment, education and interests which make you the best candidate for the position:** |

# CURRENT OR MOST RECENT EMPLOYMENT

|  |  |
| --- | --- |
| **Current Job Title:** |  |
| **Dates of Employment (month/Year):** |  |
| **Main Duties of Current Role****(Brief description of duties and responsibilities):** |  |
| **Full Name and Address of Employer:** |  |
| **Current Salary & Benefits:** |  |
| **Why do you wish to leave:** |  |
| **Length of Notice Period:** |  |

# PAST EMPLOYMENT

Please give details of your previous employment *(in chronological order commencing with the most recent, explaining any gaps)*

|  |  |
| --- | --- |
| **Position:** | **Name and Address of Employer:** |
| **Start Date:** |
| **End Date:** |
| **Reason for Leaving:** |
| **Main Duties:** |
| **Position:** | **Name and Address of Employer:** |
| **Start Date:** |
| **End Date:** |
| **Reason for Leaving:** |
| **Main Duties:** |
| **Position:** | **Name and Address of Employer:** |
| **Start Date:** |
| **End Date:** |
| **Reason for Leaving:** |
| **Main Duties:** |
| **Position:** | **Name and Address of Employer:** |
| **Start Date:** |
| **End Date:** |
| **Reason for Leaving:** |
| **Main Duties:** |
| **Additional Past Employment:** |
| **Position:****Start Date:****End Date****Employer:****Main Duties:** | **Position:****Start Date:****End Date****Employer:****Main Duties:** |
| **Position:****Start Date:****End Date****Employer:****Main Duties:** | **Position:****Start Date:****End Date****Employer:****Main Duties:** |

# EDUCATION & TRAINING

List all education and training undertaken. Please include qualifications gained and the name of the awarding body. (**You must be able to produce evidence of all qualifications declared below and copies of certificates. If successful, these will need to be produced on your start date).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject Studied****e.g. English** | **Qualification Gained e.g. Higher, Standard Grade** | **Grade Awarded****e.g. A or Intermediate 1** | **Awarding Body e.g. Scottish Qualifications Authority** | **Date Achieved****(Month/Year)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# PROFESSIONAL BODIES

Please list all professional bodies of which you are a registered member.

|  |  |
| --- | --- |
| Name of Body | Year of Registration |
|  |  |
|  |  |
|  |  |
|  |  |

# INFORMATION TECHNOLOGY

List all the software packages/operating systems/electronic information tools with which you are currently familiar, and state level of competence.

|  |
| --- |
|  **Level of Competence** |
| **Name of Package** | **Basic** | **Good** | **Excellent** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# DISABILITY

No disabled applicant for any vacancy with the Faculty of Advocates and Faculty Services Limited will be treated less favourably than a non-disabled applicant. You are under no obligation to disclose a disability and may decide not to do so. In such cases the Faculty and Faculty Services Limited would be unable to take appropriate action in relation to ensuring that any reasonable adjustment to the premises or work practices is possible in order to overcome any substantial disadvantage to the disabled employee.

|  |  |
| --- | --- |
| **Is your ability to perform the particular job for which you are applying limited in any way?** |  |
| **If so, how can we overcome this?** |  |

**PLEASE NOTE:** The Faculty and FSL issues a health questionnaire to all successful job candidates but does not require them to undergo a medical examination, unless they have a condition which may be relevant to the job or the working environment.

# ELIGIBILITY FOR EMPLOYMENT

|  |  |
| --- | --- |
| **Are you legally eligible for employment in the UK?** | [ ] Yes [ ] No |
| **Do you require a work permit to work in the UK?** | [ ] Yes [ ] No |

# REHABILITATION OF OFFENDERS ACT 1974

|  |
| --- |
| Give details of any unspent criminal convictions that you may have [(in accordance with the Rehabilitation of Offenders Act 1974 (as amended)]. Information about which convictions must be disclosed can be found in the Recruitment Charter. |

# ADDITIONAL INFORMATION

|  |  |
| --- | --- |
| **Do you have any contact with any Member of Faculty or Staff?** | [ ] Yes [ ] No |
| **Are you related to any Member of Faculty or Staff?**  | [ ] Yes [ ] No |
| If so, please provide name and relationship: |

# REFERENCES

Please provide names and addresses of two referees (not relatives), **one must be your** current employer and the **other must be** a previous employer, whom we may approach with regard to your application. Where it is not possible to provide employment references – e.g. scholars and graduates – applicants should provide academic referees. Please note that it is the policy of the Faculty of Advocates and Faculty Services Limited to seek references prior to the interview so only include those referees who would be willing to give a reference at that stage. No appointment will be made without two satisfactory employment references being available.

**NAME OF FIRST REFEREE (CURRENT EMPLOYER)**:

|  |  |
| --- | --- |
| **Name:** |  |
| **Position** |  |
| **Name and Address of Employer:** |  |
| **Postcode:** |  |
| **Contact Telephone Number:** |  |
| **E-mail Address:** |  |
| **May we approach this referee prior to interview?** | [ ] Yes [ ] No |
| **May we approach this referee if you are the successful candidate?** | [ ] Yes [ ] No |

**NAME OF SECOND REFEREE (PREVIOUS EMPLOYER)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Name and Address of Employer:** |  |
| **Postcode:** |  |
| **Contact Telephone Number:** |  |
| **E-mail Address:** |  |
| **May we approach this referee prior to interview?** | [ ] Yes [ ] No |
| **May we approach this referee if you are the successful candidate?** | [ ] Yes [ ] No |

|  |
| --- |
| **I declare that to the best of my knowledge and belief the information given in this application is correct**.Signature: ................................................................................. Date: ..........................................................**PLEASE NOTE: Only information contained on the application form will be considered (No CV’S or additional sheets will be accepted).** |
| **PLEASE EMAIL YOUR COMPLETED APPLICATION FORM AND DATA PROTECTION DECLARATION FORM TO:** **HR.DEPARTMENT@ADVOCATES.ORG.UK** **(Insert Ref No for Role that you are applying)** |