APPLICATION FOR EMPLOYMENT

Post Applied for :...CASUAL HEALTH SUITE ATTENDANT.....
Closing Date : Monday 7 December 2026 @ 5pm
Facility : Clickimin Leisure Complex

Please read the guidance notes provided before completing this application form.

1. Personal Information

Surname *(in capitals)* : .....

Forename(s) : .....

Home Address: .....

..... Post Code: .....

National Insurance Number: .....

Mobile Telephone : ..... Home Telephone: .....

E-mail : .....

Are there any restrictions on your entitlement to work in UK ? Yes ☐ No ☐

Do you hold a current driving licence which allows you to drive in the UK? Yes ☐ No ☐

2. Referees

Please give details of two persons who are willing to provide references for you. They should be persons who know you (but are not members of your family) and who are qualified to give an opinion about how you are suitable for the job. One of your referees should be your current or most recent employer.
We will not contact your current employer for a reference unless and until we are prepared to offer the post to you.

Name .....

Address .....

.....

E-mail.....

Telephone.....

Capacity in which known .....

Name .....

Address .....

.....

E-mail .....

Telephone.....

Capacity in which known .....

3. Education/Training

School / University / College	Dates of Attendance	Qualifications/Courses with grades/results

Qualifications currently being studied for:

Are you a member of a professional or other work related organisation?
Yes ☐ No ☐
Please give name of professional body, grade of membership and indicate if qualified by exam or otherwise:

Please list any training and/or development courses you have undertaken which are relevant to this job: (include relevant in-house training courses)

4. Current / Most Recent Employment

Name and address of employer:	Date Started:
	Notice Required:
	Salary/Grade:
Position held, duties and responsibilities:	
Reason for Leaving:	

5. Previous Employment (list in order with most recent first)

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

6. Suitability and Experience

Please give your reasons for making this application, relating your qualifications, any voluntary work, experience and personal attributes to the Job Description and Person Specification. *Please continue on a separate sheet if necessary.*

7. Special Requirements

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process.

8. Pre-employment Check for Regulated Work or jobs requiring Level 1/PVG

Please complete and return the enclosed Declaration of Criminal Record form.

9. Declaration

I declare that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn or my employment terminated.

I understand that the data I have given may be processed by computer, or form the basis of manual records and give consent for my details to be retained in accordance with the UK Data Protection Act 2018.

Signed ..... Date .....

Shetland Recreational Trust

Pre-employment Check for Level 1 Disclosure Declaration of criminal record

The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) as amended in 2013

The job you have applied for is not exempt from the Rehabilitation of Offenders Act 1974 (as amended in 2013). To comply with the law we need information from you as a job applicant.

The disclosure of a criminal record or other information may not necessarily debar you from a job. This will depend on the nature of the job, together with the circumstances and background to your offences.

At interview, any employment offer will be conditional on a satisfactory **Level 1 Disclosure Record**.

Do you have any **UNSPENT** criminal convictions ? Yes ☐ No ☐

If yes, please state:

Date	Offence	Disposal eg. fine

The information you give will be treated in strict confidence and will be used for this job application only. Personal data is carefully destroyed on conclusion of the recruitment process, unless required for new employee records. All sensitive data is handled in line with current Data Protection Regulations.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will disqualify me from appointment or may render me liable to dismissal without notice.

Full Name: _____
(please print)

Signature: _____ **Date:** _____

Job Applied For: **CASUAL HEALTH SUITE ATTENDANT**

This form should be returned in the envelope provided and SEALED, with your application form.