

Alcohol Support Ltd

■ POST		
■ PERSONAL DETAILS		
SURNAME:		
FORENAMES:	FORMER NAMES:	
ADDRESS AND POST CODE:	DATE OF BIRTH:	
	AGE:	
	Are you related to any Executive Committee or staff member at Albyn House? YES/NO	
TELEPHONE HOME:	TELEPHONE BUSINESS:	
TELEPHONE MOBILE:	NATIONAL INSURANCE NUMBER	

■ SECONDARY EDUCATION		
DURATION FROM:	TO:	
EXAMINATIONS PASSED	LEVEL	DATE

■ FURTHER: VOCATIONAL: HIGHER EDUCATION				
LIST ALL COLLEGES, POLYTECHNICS OR UNIVERSITIES ATTENDED.				
GIVE DETAILS OF EXAMINATIONS TAKEN AND RESULTS AWARDED OR AWAITED.				
COLLEGE/UNIVERSITY	DATES FROM	TO	METHOD OF STUDY- FULL/PART TIME	QUALIFICATION(S) OBTAINED, GRADE(S) AND MAJOR SUBJECTS STUDIED.
				DATE AWARDED/ AWAITED Day Month Year
CONFIRMATION OF QUALIFICATIONS BY INTERVIEW PANEL	SIGNED		SIGNED	SIGNED

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■ EMPLOYMENT HISTORY			
HAVE YOU BEEN PREVIOUSLY EMPLOYED BY, OR APPLIED FOR A POST WITHIN ALCOHOL SUPPORT (FORMERLY ALBYN HOUSE ASSOCIATION LTD.) YES OR NO IF YES- PROVIDE DETAILS.			
CURRENT EMPLOYMENT			
NAME, ADDRESS AND BUSINESS:		FROM: DAY MONTH YEAR TO: DAY MONTH YEAR	POSITION HELD:
CURRENT BASIC WAGE £ PER WEEK/YEAR			NOTICE REQUIRED:
GIVE DETAILS OF ALL PREVIOUS EMPLOYMENT STARTING WITH YOUR MOST RECENT. INCLUDE SERVICE IN H.M. FORCES, PERIODS OF UNEMPLOYMENT AND RELEVANT VACATIONAL OR VOLUNTARY WORK.			
PREVIOUS EMPLOYMENT	EXACT DATES DD/MM/YY – DD/MM/YY	POSITIONS HELD	REASON FOR LEAVING
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IF SELECTED FOR INTERVIEW REFERENCES WILL BE TAKEN UP PRIOR TO INTERVIEW DATE	
■ REFEREES NAME, ADDRESS AND OCCUPATION OF 3 REFEREES, 1 OF WHOM SHOULD BE YOUR CURRENT OR MOST RECENT EMPLOYER.	
1	OCCUPATION
2	OCCUPATION
3	OCCUPATION

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■ LEISURE INTERESTS		
GIVE DETAILS OF INTERESTS, MEMBERSHIP OF CLUBS, SOCIETIES ETC.		
■ HEALTH		
(i) HOW MANY PERIODS OF ABSENCE HAVE YOU HAD AS A RESULT OF ILLNESS DURING THE PAST TWO YEARS?		
(ii) HAVE YOU BEEN ABSENT THROUGH ILLNESS FOR MORE THAN 2 CONSECUTIVE WEEKS DURING THE PAST 2 YEARS?		
(iii) HAVE YOU HAD ANY OF THE FOLOWING? (YES OR NO):		
RAISED BLOOD PRESSURE _____	ADDICTION PROBLEM _____	HEART TROUBLE _____
FAINING ATTACKS OR GIDDINESS _____	BLACKOUTS _____	NERVOUS DISORDER _____
BACK TROUBLE _____	DEPRESSIVE ILLNESS _____	EPILEPSY _____
■ DISABILITY		
IF YOU ARE REGISTERED DISABLED PLEASE QUOTE RDP NO:		
PLEASE STATE THE NATURE OF YOUR DISABILITY:		
■ ADVERTISEMENT SOURCE		
HOW DID YOU LEARN OF THIS VACANCY?		
■ REHABILITATION OF OFFENDERS ACT 1974		
THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 AS AMENDED APPLIES TO POSTS WITHIN ALCOHOL SUPPORT LTD.		
IF SELECTED FOR INTERVIEW YOU WILL BE REQUIRED TO DISCLOSE ANY CRIMINAL CONVICTIONS AND BE SUBJECT TO DISCLOSURE SCOTLAND CHECKS.		
■ DECLARATION Read Carefully		
I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I REALISE THAT FALSE INFORMATION OR OMISSIONS MAY LEAD TO DISMISSAL WITHOUT NOTICE.		
SIGNATURE.....		DATE.....
RETURN TO: ALCOHOL SUPPORT LTD ALBYN HOUSE 76-78 DEE STREET ABERDEEN AB11 6DS		