Application for Employment Business Analyst

**Supplementary Application Information**

This form should be completed in full and should be submitted electronically along with a copy of your current CV.

*Please complete in black.*

**Personal Details**

|  |  |
| --- | --- |
| Initials: | Last Name: |
| Address: |
| Telephone Numbers (please indicate which one you would prefer us to contact you on)Home:Work:Mobile: |
| Email Address:  |

If you are related to, or have a business relationship with, a Board Member or an employee of the Commission, you are required to advise us. This allows us to judge whether the Board Member or employee needs to take any steps to ensure non-involvement in the recruitment process. The provision of this information will not affect your application.

Board Member/Employee (delete as appropriate)

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |

**References**

References will be taken up only for the successful candidate and your consent will be sought before approaching referees.

**Referee 1 – current or most recent employer**

|  |  |
| --- | --- |
| Name: | Organisation: |
| Position: | Time Known: |
| Email Address: | Contact Tel No: |

**Referee 2**

|  |  |
| --- | --- |
| Name: | Organisation: |
| Position: | Time Known: |
| Email Address: | Contact Tel No: |

References will be taken up only for the successful candidate and consent will be sought before approaching referees.

One referee should be your current line manager with current employer, and we are requesting two **employment** referees in this section. Additional references will be required in certain situations.

A guidance note is available from HR.

**Statement in support of application**

Please give a statement below outlining how your skills and work experience fit the specification for the role. Maximum 500 words.

|  |
| --- |
| Please enter text here: |

**Additional Information**

|  |
| --- |
| Do you consider yourself to be a person with a disability?**□** Yes □ No*If you have answered yes and you have demonstrated on the application form that you meet the minimum skills, experience and other attributes for the post, then you will be guaranteed an initial interview for the role.* |

 Please give as much detail about your disability as you wish and feel able to share

 with us.

|  |
| --- |
|  |

**Where did you see the advert for this role?**

**NHS Website** [ ]  **MWC** **Website** [ ]  **S1 Jobs** [ ]  **Goodmoves Website** [ ]

**Other** [ ]  Please state here: …………………………………………………………….

**Employment**

|  |
| --- |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? **□** Yes □ No |

|  |
| --- |
| If Yes, please provide details: |

|  |
| --- |
| **Current Salary:****Notice Period:** |

**Data Protection Statement**

|  |
| --- |
| The information provided by you on this form and any supplementary forms will be used to assist with the process of recruiting in accordance with the Mental Welfare Commission for Scotland Recruitment & Selection Policy. If you are successful in your application, the information will be used for HR records and payroll purposes. By signing the declaration below, it is understood that you consent to the use of your personal information for the above purposes. |

**Declaration**

|  |
| --- |
| I confirm that the information given on this application form and on any additional sheets submitted is, to the best of my knowledge, correct.Do you agree to the statement above? □ Yes □ NoSignature: Date:All employment is subject to the receipt of satisfactory references  |

We normally keep completed application forms for 12 months.

Please tick this box if you do not want us keep your application form. □

Please **email** your completed application form and CV, marked **Private & Confidential** to:

mwc.recruitment@nhs.scot

*Please insert the title of the job you are applying for:* ***Business Analyst – FTC or secondment***

*Date form completed………………………………………….*

**Equal Opportunities Monitoring Form – CONFIDENTIAL**

The Mental Welfare Commission for Scotland aims to provide equal opportunities and fair treatment for all staff. We have an Equal Opportunities Policy and collect monitoring information to help us understand who we are reaching and to better serve all communities. In order to monitor the effectiveness of this policy all applicants **MUST** complete this form please. This information is used for monitoring purposes only – it is anonymous and will not be stored with any other identifying information about you. **It will not be seen by those responsible for making selection decisions.**  All details are held in accordance with Data Protection legislation.

Please complete all sections of the questionnaire by placing a tick in the box or by providing information where appropriate. If you would like the form in an alternative format or require help to complete it, please contact the HR Department at the Commission on 0131 313 8772 or email mwc.recruitment@nhs.scot

**Section 1**

What is your sex, as recorded at birth?

|  |  |
| --- | --- |
| Male |  |
| Female  |  |
| Prefer Not to Say |  |

What best describes your gender?

|  |  |
| --- | --- |
| Man |  |
| Woman |  |
| Non-binary |  |
| Prefer to say in another way – please describe |  |
| Prefer not to say |  |

 **Trans Status:**

Do you consider yourself to be Trans, or have a Tran’s history?

|  |  |
| --- | --- |
| No |  |
| Yes |  |
| Prefer Not to Say |  |

**Section 2 – Age**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age (please write in) |  |  | Prefer not to say |  |

**Section 3 – Sexual Orientation**

Which of the following options best describes how you think of yourself?

|  |  |
| --- | --- |
| Heterosexual/Straight |  |
| Gay or Lesbian  |  |
| Bisexual |  |
| Other |  |
| Prefer Not to Say |  |

**Section 4 Disability**

**The Equality Act 2010** definesa disabled person as a person with a disability. A person has a disability for the purposes of the Act if he or she has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. A long-term effect of impairment is one which has lasted at least 12 months or where the total period for which it lasts, from the time of the first onset, is likely to be at least 12 months. The Act statesthat a person who has cancer, HIV infection or multiple sclerosis (MS) is a disabled person. This means that the person is protected by the Act effectively from the point of diagnosis.

Do you consider yourself to have a disability according to the above definition?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer Not to Say |  |

**Section 5 – Nationality**

How would you describe your national identity?

|  |  |
| --- | --- |
| Scottish |  |
| English |  |
| Welsh |  |
| Northern Irish |  |
| British |  |
| Other |  |
| Prefer Not to Say |  |

**Section 6 – Ethnic Origin**

Please choose one option that best describes your ethnic group or background.

|  |  |
| --- | --- |
| White - Scottish |  |
| White - Other British |  |
| White - Irish  |  |
| White - Gypsy Traveller |  |
| White - Polish |  |
| White - Roma |  |
| White - Showman/Showwoman  |  |
| Other White Ethnic Group |  |
| African, African Scottish, or African British |  |
| Asian - Pakistani, Pakistani Scottish, or Pakistani British |  |
| Asian - Indian, Indian Scottish, or Indian British |  |
| Asian - Bangladeshi, Bangladeshi Scottish, or Bangladeshi British |  |
| Asian - Chinese, Chinese Scottish or Chinese British |  |
| Any Other Asian |  |
| Caribbean or Black, Caribbean, or Black Scottish, Caribbean, or Black British |  |
| Any Mixed or Multiple Ethnic Groups  |  |
| Arab, Arab Scottish, or Arab British |  |
| Any Other Ethnic Group |  |
| Prefer not to say |  |

**Section 7 – Religion or Belief**

What is your religion or belief?

|  |  |
| --- | --- |
| No Religion or Belief |  |
| Church of Scotland  |  |
| Roman Catholic |  |
| Other Christian |  |
| Muslim |  |
| Hindu  |  |
| Buddhist |  |
| Sikh  |  |
| Jewish |  |
| Pagan |  |
| Any other religion  |  |
| Prefer not to say |  |

**Section 8 – Internal / External Applicants**

Are you currently employed by the Mental Welfare Commission for Scotland?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer Not to Say |  |

Please **securely** email this form marked **Private & Confidential** to **mwc.recruitment@nhs.scot**

Alternatively, you can post your application form and equality monitoring form to the HR Department. Please mark as Private and Confidential.

**HR Department**

**Mental Welfare Commission**

**Thistle House**

**91 Haymarket Terrace**

**Edinburgh, EH12 5HE**

