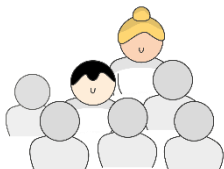


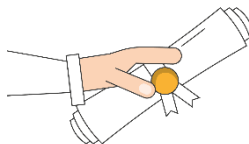
APPLICATION PACK

Independent Report Writers

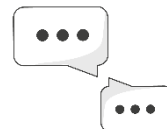
Recruiting



Training



Supporting



Improving outcomes for children and young people

Contents

Contents

How to complete your application form	3
Application form	5
Section A: Personal Details	5
Section B: Education and Training	6
Section C: Employment Record	7
Section D: Supplementary Information	9
Equality Monitoring Form	12

How to complete your application form

Thank you for your interest in joining the Bank of Independent Report Writers administered for the children's hearings system by Children's Hearings Scotland (CHS).

This application form has been designed to ensure compliance with legislation and best practice. The processing of all information will be in accordance with the requirement of the Data Protection Act 2018 and General Data Protection Regulation. The information you provide on your application form will only be used as part of the selection procedure and for any subsequent administration if your application to join the Bank is successful. For further details on how your information will be handled please refer to our [Privacy Statement](#). If any part of the form is unclear please contact us via independentreports@chs.gov.scot.

In addition to their own professional guidelines, Independent Report Writers are expected to adhere to a set of Practice Standards and Expectations and the [CHS values](#).

Prior to joining the Bank, all applicants will be required to demonstrate current registration with relevant professional bodies, be part of the PVG Scheme and supply two relevant work references.

If invited to interview, you will be provided with an example of an independent report request and asked to submit an estimated quote based on the information provided. You will also be asked to provide an overview of how you would approach undertaking this report which will form the basis of the interview discussion. Further details will be provided to successful applicants, however if you have any questions, please get in touch at the email address below.

Please complete the form as fully as you can. If you are writing on it, use black or dark blue ink to assist in scanning/photocopying. If you are filling in the form electronically, please ensure this is in a format which is compatible with Microsoft Office 2010. If you need additional space for any section, continue on a separate A4 sheet or separate text page. Please ensure that any separate sheets are clearly marked with the section to which they refer and your initials and surname.

Please email your completed application form to independentreports@chs.gov.scot.

Section A

- Please note that only your surname is required in full. Give only the initials of your first name(s).

Section B

- This section asks about your education and job-related training. Please give us enough details to assess your attainments in relation to the role for which you are applying. Continue on a separate sheet if necessary.

Section C

- This section asks about your work experience. Again, please give as much detail as you feel gives us an accurate picture, both about the type of work you are/were doing and the responsibilities you have/had. Please start with the most recent, supplying exact dates where possible. Continue on a separate sheet if necessary.

Section D

- **Supplementary Information:** Please detail any further experience or information relevant to the role for which you are applying, considering the information you have been given about the role, for example the role description, person specification etc. Try to ensure you are clear about how you meet the essential criteria listed. Continue on a separate sheet if necessary.
- **References:** References will be taken up following successful interview.
- You are asked to tell us if you are related to any member of CHS' staff or Board. This is to ensure compliance with procurement requirements relating to the contracting of individuals to undertake work on behalf of CHS.
- You are asked to tell us if you are currently eligible for employment in the UK. This is so that we can ensure compliance with the *Immigration Act 2014*, *Asylum and Immigration Act 1996* and *Immigration, Asylum and Nationality Act 2006* which requires organisations to ensure individuals, to whom they are offering employment, have permission to work in the UK - please visit gov.uk if you are unsure of your status. If you are invited to interview you will be required to produce such evidence.
- CHS works with vulnerable persons under the age of 18 and we are required by The *Protection of Vulnerable Groups (Scotland) Act 2007* to ensure that all individuals undertaking work on our behalf are suitable to work with persons under 18 or with their data. CHS is also an exempted body for the purposes of the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975*. CHS is required to take into account any information of any spent and unspent convictions that may be relevant to the role for which you are applying. No invitation to join the Bank of Independent Report Writers will be made until a satisfactory *Protecting Vulnerable Groups* (PVG) clearance has been received.

APPLICATION FORM



Independent Reports are requested by children's hearings from all across Scotland. Please indicate [by ticking the box] in which area, or areas, you would be willing to undertake reports.

- ☐ Grampian
- ☐ Highlands
- ☐ Orkney, Shetland, Western Isles
- ☐ Ayrshire
- ☐ Lothian - including Edinburgh and the Borders
- ☐ Fife and Tayside - including Dundee, Angus, Perth and Kinross
- ☐ Central - including Stirling, Falkirk, West Lothian
- ☐ Strathclyde - including Glasgow, Lanarkshire, Renfrewshire
- ☐ Dumfries and Galloway

If there are any areas in which you cannot undertake a report due to a conflict of interest (for example if you are employed by the Local Authority or Health Board), please indicate here:

Please tell us where you saw this opportunity advertised?

Section A: Personal Details

Initials:

Surname:

Address:

Postcode:

Email address:

Telephone number (home):

Mobile or work number:

Do you hold a current driving licence? ☐ Yes ☐ No

Do you have access to a car for work? ☐ Yes ☐ No

Do you have a current PVG membership? ☐ Yes ☐ No If Yes, please indicate if this is for children ☐, vulnerable adults ☐ or both ☐

What is your hourly rate for completing independent assessments?

Section B: Education and Training

Further and Higher Education

Establishment (University/College)	Subject/Course and qualification type ¹	Result	Date Obtained

Secondary Education

Subjects Studied	Qualification Type and Result	Date Obtained

Other Qualifications (Relevant to this application)

Course Title	Provided by	Result	Date Obtained

Details of any other Professional Qualification(s)

Professional Body Name	Grade of Membership	Date Obtained

¹ State method of study and qualification gained e.g. SVQ, HND, BA

Section C: Employment Record

Present or most recent employer:

Company Name:	Nature of Business:
Address:	Position Held:
Current Salary:	Notice Period (if applicable):
Please provide a brief outline of your duties and responsibilities:	

Previous Employment

Company Name:	Dates: DD/MM to DD/MM
Address:	Position Held:
Main duties and responsibilities:	
Reason(s) for Leaving:	

Company Name:	Dates: DD/MM to DD/MM
Address:	Position Held:
Main duties and responsibilities:	
Reason(s) for Leaving:	

Company Name:	Dates: DD/MM to DD/MM
Address:	Position Held:
Main duties and responsibilities:	
Reason(s) for Leaving:	

Company Name:	Dates: DD/MM to DD/MM
Address:	Position Held:
Main duties and responsibilities:	
Reason(s) for Leaving:	

If you have additional employment experience, please continue to detail this by copying and pasting the table above as required

Section D: Supplementary Information

With reference to the person specification, please indicate why you have applied for this role, outline your experience in undertaking assessments, providing reports and your ability to focus on the needs of the child. Continue on a separate sheet if necessary, clearly numbering all appendices.

References

Please supply full details of two referees who can attest to your suitability to undertake professional, independent assessments which will enable decisions for vulnerable children. You are required to give your specific consent to contact these referees by signing the appropriate section below the details of your referees.

Reference 1	Reference 2
Name: Occupation: Address: Postcode: Contact number: Email: Contact prior to Interview: ☐ Yes ☐ No	Name: Occupation: Address: Postcode: Contact number: Email: Contact prior to Interview: ☐ Yes ☐ No

General Information

Do you have permission to work in the UK, in line with the Immigration Act 2014, Asylum and Immigration Act 1996 and Immigration, Asylum and Nationality Act 2006? To check, please visit gov.uk. ☐ Yes ☐ No If you are related to any member of CHS' staff or Board, please provide details: ☐ Yes ☐ No Have you previously worked for or recently applied for any other roles with CHS? ☐ Yes ☐ No If so, please provide details:

CHS is a regulated body under the Protection of Vulnerable Groups (Scotland) Act 2007 and an exempted body for the purposes of the Rehabilitation of Offenders Act 1974. Prior to any invitation to join the Bank of Independent Report Writers you will be asked to complete a Protecting Vulnerable Groups Application Form, the results of which will inform CHS of any spent and/or unspent convictions that may be relevant to the role for which you are applying.

Declaration

Please sign this declaration once you have completed **all** sections of the application form. **You need only sign with your initials and surname.**

I declare that the information given in this form and in any accompanying documentation is true to the best of my knowledge and belief and give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK and for the release by other people or organisations of necessary information to verify the content. I understand my application may be rejected and/or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details.

I consent for my references to be sought if I am shortlisted either prior to interview or after if the preferred candidate (depends on what has been specified).

Signed:

Date:

Equality Monitoring Form

Strictly Private and Confidential

Please note that this form is always removed prior to shortlisting.

CHS is committed to embedding a culture of equality and diversity into our organisation and ensuring that all applicants are treated fairly, without discrimination because of age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other factor. The following equal opportunities monitoring questions are intended to assist CHS in maintaining equal opportunities best practice and in identifying equality barriers for role applicants.

The information on this form will be used for monitoring purposes only. Your responses are voluntary but the more information you supply, the more effective our monitoring of responses will be.

This information will only be viewed by the CHS Resourcing Team and will immediately be separated from your application form and will not be used to identify you. It will not be seen by anyone involved in interviewing or shortlisting and will be stored securely in line with the principles of the Data Protection Act 2018. Monitoring will help to improve our recruitment processes and enable us to be as inclusive as possible.

Please select the most applicable option in the questions below and complete the open boxes where relevant.

Date of Application: DD

MONTH

YEAR

1. Age

Under 24 ☐ 24 - 34 ☐ 35 - 44 ☐ 45 - 54 ☐ 55 - 64 ☐ 64 or above ☐

Prefer not to say ☐

2. Please describe your gender identity

*** this is about your self-perception of your gender rather than about your biological sex.**

Male (including trans men) ☐

Female (including trans women) ☐

In another way (for example, non-binary/ gender fluid people) ☐

Prefer not to say ☐

If you describe your gender with another term, please provide this here:

3. Do you consider yourself to be a trans person?

***trans being an umbrella term to describe people whose gender is not the same as the sex they were assigned at birth.**

Yes ☐

No ☐

Prefer not to say ☐

4. How would you describe your sexual orientation?

Heterosexual/straight ☐

Bi/bisexual ☐

Gay/lesbian ☐

Prefer not to say ☐

If you prefer to use another term, please provide this here:

5. Which of the following best describes your current marital status?

- Married/Civil Partnership ☐
- Single ☐
- partnership ☐
- Widowed ☐
- Separated/Divorced ☐
- Prefer not to say ☐

6. Which of the following best describes your caring responsibilities?

- Care for an adult ☐
- Care for a child/children ☐
- none ☐ (skip to question 8)
- Prefer not to say ☐

7. If you are responsible for a dependant(s), please provide further details

Number of dependant adults:

Number of dependent children:

8. What religion, religious denomination, body or belief do you affiliate with?

- None ☐
- Church of Scotland/England ☐
- Roman Catholic ☐
- Other Christian ☐
- Islam ☐
- Buddhist ☐
- Sikh ☐
- Jewish ☐
- Hindu ☐
- Pagan ☐
- Prefer not to say ☐
- Any other religion or belief (please specify below) ☐

9. Which ethnic group do you most identify with?

- Arab, Arab Scottish, Arab British ☐
- Any other Arab background (please specify below) ☐
- African, African Scottish, African British ☐
- Any other African Background (please specify below) ☐
- Bangladeshi - Asian, Asian Scottish, Asian British ☐
- Chinese - Asian, Asian Scottish, Asian British ☐
- Indian - Asian, Asian Scottish, Asian British ☐
- Pakistani - Asian, Asian Scottish, Asian British ☐
- Any other Asian background (please specify below) ☐
- Black, Black Scottish, Black British ☐
- Caribbean, Caribbean Scottish, Caribbean British ☐
- Any other Caribbean background (please specify below) ☐
- Mixed - Asian and White ☐
- Mixed - Black African and White ☐
- Mixed - Black Caribbean and white ☐
- Any other mixed background (please specify below) ☐
- White British ☐
- White Gypsy / Traveller ☐
- White Irish ☐
- White Polish ☐
- White Scottish ☐
- Any other white background (please specify below) ☐
- Any other ethnic background (please specify below) ☐
- Prefer not to say ☐

The Equality Act 2010 defines disability in the following way:

"A person has a disability if s/he has a physical or mental impairment which has substantial and long-term adverse effect on their ability to carry out normal day-to-day activities".

10 Having read the above statement, do you consider yourself to have a disability?

Yes ☐ No ☐ Prefer not to say ☐

11. If yes, which of the following best describes the nature of your health condition/disability?

Blindness or partial site loss ☐

Deafness or partial hearing loss ☐

*Please see new definitions below following BSL (Scotland) Act 2015
and tick the appropriate definition below.*

Deaf (profoundly deaf at birth) ☐

Deafened (profoundly deaf - not from birth) ☐

Deafblind ☐

Hard of Hearing (e.g. partially deaf, hearing impaired, wears hearing aids) ☐

Developmental Disorder (e.g. autism spectrum disorder or Asperger's Syndrome) ☐

Learning difficulty (e.g. Dyslexia) ☐

Learning disability (e.g. Down's Syndrome) ☐

Long term illness, disease or condition
(e.g. cancer, HIV, diabetes, chronic heart disease or epilepsy) ☐

Mental health condition ☐

Physical disability ☐

Prefer not to say ☐

Other condition (please specify below) ☐

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE