

APPLICATION FORM

PKAVS CARERS SERVICES

Lewis Place

Perth PH1 3BD

Tel: 01738 567076

EASyc Mathematics Tutor

Title	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Other ☐ _____
Full Name					
Date of Birth					
Address					
Postcode					
Telephone	Work				
	Home				
	Mobile				
Email					
Qualifications:					
Tutoring Subjects:					
Availability:					
Experience:					

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PKAVS Carers Centre, Lewis Place, North Muirton, Perth, PH1 3BD

Perth & Kinross Association of Voluntary Service Ltd (PKAVS) is a registered Scottish Charity (SC 005561) and a company Limited by Guarantee,
Registered in Scotland (86065)

Communication:	Can you tell us about your knowledge and experience of evaluation and feedback skills?		
General information	Is there anything else you would like to tell us about yourself?		
Do you have any disability or long term health problem that may affect the type of work you could do?		Yes ☐	No ☐
Do you hold a current PVG Scheme Record? <i>(This is essential to be considered for the Tutor Database)</i> . Please provide a copy of this.		Yes ☐	No ☐
Do you have a criminal conviction(s) or involved in pending court proceedings? <i>Please attach a separate note giving details if the conviction(s) and any related information, which you believe to be relevant. Place in sealed envelope and mark private and confidential and enclose it with your completed application form.</i>		Yes ☐	No ☐
Please note you are not obliged to declare any convictions which may be regarded as spent under the Rehabilitation of Offenders Act (1974). However, because of the nature of voluntary work, a criminal record check will be undertaken and failure to disclose any relevant offences could result in our being unable to consider you further.			
Referees			
Please supply the names and addresses of two referees <i>(they must not reside with you)</i> . <i>One referee will require to be a previous employer, Link Worker or professional in the community.</i>			
Reference 1			
Name			
Address			
Email			
Telephone number			
Relationship to applicant			
Reference 2			
Name			
Address			
Email			
Telephone number			
Relationship to applicant			
Name <i>Please print</i>			
Signature			
Date			

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APPLICATION FORM

EQUAL OPPORTUNITIES MONITORING FORM

As an organisation we are committed to monitoring the effectiveness of our Equal Opportunity Policy and appreciate you completing this form.

Please tick appropriate boxes

1. Gender		
Male	☐	
Female	☐	
Other	☐	
2. Please indicate which ethnic group you belong to		
Black Afro Caribbean	☐	
Black Asian	☐	
White	☐	
Other (please specify)	☐	
3. Please indicate which age group you fit into		
	16-24	☐
	25-34	☐
	35-44	☐
	45-54	☐
	55-64	☐
	65+	☐
4. Do you have responsibility for the care of dependants?		
	Yes	☐
	No	☐
5. Are you registered disabled?		
	Yes	☐
	No	☐

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For Office use only:

PVG ☐

References ☐

Passport ☐

Qualifications ☐

Date: _____

Please send your completed application form to Recruitment@pkavs.org.uk.