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| **COPFS EXTERNAL APPLICATION FORM** |

**APPLICATION FOR THE POST OF: Assistant Accountant**

This application form along with the equal opportunities monitoring form must be completed and submitted before it can be considered. **Completed applications must arrive no later than 23:55 on the closing date. Late applications will not normally be accepted.**

**E-mailed applications are preferred in Microsoft Word format. If you are not able to email your application form, handwritten forms should be completed in black ink.**

You must ensure that you receive an acknowledgement from us (please note this may be an automated acknowledgement). If you do not receive acknowledgement within 48 hours please contact the HR Resource Team.

If you have any difficulties in completing this application form, or if you require it in an alternative format (e.g. large print or audio tape), please contact us.

A candidate found to have given false information or wilfully to have suppressed any material fact will be liable to either disqualification or, if appointed, to disciplinary proceedings and ultimately dismissal.

**PART A: PERSONAL INFORMATION**

This Part relates to personal information about you. This is for HR purposes and with the exception of Section 2 below, the selection panel for sift will not have access to any information contained in Part A. At interview, the selection panel will be given your name only from this section.

1. **Personal Details**

|  |  |  |
| --- | --- | --- |
| **Title** | **Forename(s)**  (underline the name you are known by) | **Surname** |
| **To be completed** | **To be completed** | **To be completed** |
| **Former Surname** (if any) |
| **To be completed** |

|  |  |
| --- | --- |
| **Address for Correspondence** | **To be completed** |
| **Telephone No.** (include STD code) | **To be completed** |
| **Mobile No.** | **To be completed** |
| **Email Address** | **To be completed**  *\*Please note this is the email address that will be used to communicate with you during the recruitment process* |
| **Permanent Address**  (If different from above) | **To be completed** |
| **Permanent Telephone No.**  (If different from above) | **To be completed** |

1. **Unavailable Dates for Interview**

Please detail dates on which you would NOT be available for assessment/interview.

Where possible, these dates will be avoided.

To be completed

1. **Notice Period**

If appointed, how much notice would you require before taking up appointment?

To be completed

1. **Source of Advert**

Where did you **originally** see the advert or hear of this post?

COPFS Website

Civil Service Jobs

Jobcentre Plus

Word of Mouth

Other  Please specify - To be completed

1. **Right to Work in the Civil Service**

COPFS is part of the Civil Service and requires applicants to meet certain nationality criteria to be eligible for employment. In summary only nationals from the following countries are generally eligible for employment in the civil service

* The United Kingdom (and British protected persons)
* The Republic of Ireland
* The Commonwealth
* The European Economic Area (EEA)
* Switzerland

Applicants should consider the more detailed guidance on nationality requirements which can be found on the civil service website to ensure that they meet the nationality requirements: <https://www.gov.uk/government/publications/nationality-rules>

Please answer the following questions to indicate eligibility to work for COPFS. If you are invited to interview, you will be required to show documentation confirming your right to work for COPFS.

|  |  |
| --- | --- |
| Nationality at Birth | To be completed |
| Present Nationality | To be completed |
| Have you ever possessed any other nationality or citizenship? | To be completed |
| If 'Yes', please specify | To be completed |
| Are you subject to immigration control? | To be completed |
| If 'Yes', please specify | To be completed |
| Are there any restrictions on your continued residence or employment in the United Kingdom? (Please indicate if you have a temporary residency/work permit) | To be completed |
| If 'Yes', please specify | To be completed |
| Are you lawfully resident in the United Kingdom? | To be completed |
| Are you free to remain and take up Civil Service employment in the United Kingdom? | To be completed |

1. **Character Enquiry**

COPFS has exemptions from the conditions of the Rehabilitation of Offenders Act 1974 and before you can be regarded as qualified for appointment COPFS must be satisfied about your character.

If you give any information which you know is false or if you withhold any relevant information, this may lead to your application being rejected, or if you have already been appointed, to your dismissal.

You must tell us immediately if you are charged with an offence after you complete this form and before take up of any job offered as a result of your application. Answering yes to any of the questions below will not necessarily prevent you from being appointed as each case is considered on its merits.

If you answer ‘Yes’ to any of the questions below, please give full details in the space provided.

|  |  |  |
| --- | --- | --- |
| **Enquiry** | **Response** | **Details (if answered yes)** |
| Have you any unspent convictions (including fixed penalty fines and road traffic offences) or any conditional cautions in any court either in the UK or abroad?  (Please note that the reference to “conviction” includes being put on probation and being conditionally discharged). | Yes  No | If yes, please give details of the date(s) and the nature of the offence(s) and the sentence(s) passed |
| Have you any spent convictions, or cautions, which are not “protected” or otherwise excluded, as set out in the Rehabilitation of Offenders (Exclusions & Exceptions) (Scotland) Order 2013 (as amended)? (Please note that the reference to “conviction” includes being put on probation and being conditionally discharged). | Yes  No | If yes, please give details of the date(s) and the nature of the offence(s) and the sentences(s) passed |
| Are you at present the subject of criminal charges? | Yes  No | If yes, please give details of the date(s) and the nature of the offence(s) and the sentences(s) passed |
| Are you insolvent? | Yes  No | If yes, please give details  To be completed |
| Is a receiving order in effect on your property? | Yes  No | If yes, please give details  To be completed |
| Are you an undischarged bankrupt? | Yes  No | If yes, please give details of the date of the proceedings and the place at which they were held.  To be completed |

1. **Professional Bodies**

Are there any pending complaints against you, or past complaints that have been upheld by any professional body of which you are, or have been, a member?

Yes  No

If yes, please give details: N/A

1. **Declaration of Pre-Existing Relationship**

To ensure a fair recruitment process is followed, please state if you are related to or have a pre-existing relationship with any employee of the Crown Office and Procurator Fiscal Service. For example, this includes any family relationship or where a relationship exists out with the workplace.

Yes  No

If yes, please state the name, position and relationship: To be completed

1. **Declaration of Secondary Employment, Conflicts of Interest and Political Activity**

As a COPFS employee you must not put yourself in a position where your official duties conflict with any secondary employment and/or private interests and you cannot make use of your official position to further those interests. You must seek permission from COPFS that you can continue with either of these activities to ensure that there is no conflict.

Please confirm any secondary employment you have and any interests that may present a conflict of interest with the work of COPFS.

|  |  |
| --- | --- |
| **Secondary Employment** | **Other Interests** |
| To be completed | To be completed |
| To be completed | To be completed |

All appointees to the Civil Service must be able to comply with the Civil Service Code requirements of honesty, integrity, objectivity and impartiality. In order to meet with the requirements of objectivity and impartiality, we are required to ascertain if a candidate has previously, or are currently, engaged in political activity.

In regards to political activity, the Civil Service is divided into 3 categories:

* 1. politically free;
  2. intermediate group and must make individual application for permission to take part in national or local political activities; and
  3. politically restricted group and is not permitted to engage in local and national political activities.

COPFS employees may fall within either the politically free or intermediate group dependent on their role. For those within the intermediate group, employees must make individual applications for permission to take part in national or local political activities.

Please confirm if you have previously or are currently engaged in any political activities.

* To be completed

1. **3 Year Employment/ Academic History Verification**

In order to obtain appointment to the UK Civil Service, a verification of your last 3 year employment and/or academic history must be undertaken.

Please note below all employment and academic study you have undertaken in the last 3 years, including your current employer/study. You must also detail any periods of unemployment.

If you have had a period of self-employment, evidence will be required from an official source that business was properly conducted and terminated satisfactorily (e.g. from HMRC, bankers, accountant, solicitors, trade or client references, etc.).

Please note that this section will not be used to assess you at sift or interview, however will form part of the COPFS standard pre-employment checks.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Name/Position**  ***or***  **Academic Institution** | **Contact address, email and telephone number**  **(email address is preferred)** | **Dates employed / attended** | **Reason for leaving** |
| To be completed | To be completed | To be completed | To be completed |
| To be completed | To be completed | To be completed | To be completed |
| To be completed | To be completed | To be completed | To be completed |
| To be completed | To be completed | To be completed | To be completed |
| To be completed | To be completed | To be completed | To be completed |

Please confirm if you have had any gaps in employment or academic history in the last three years below:

|  |  |
| --- | --- |
| **Dates** | **Reason for gap** |
| To be completed | To be completed |
| To be completed | To be completed |
| To be completed | To be completed |

*Permission to Approach*

I confirm that, if successful in my application and I accept the conditional offer, COPFS are free to approach the above to confirm my three years employment/ academic history. If you select No, COPFS will contact you prior to approaching any of the above.

Yes  No

**Please continue to PART B – SKILLS AND KNOWLEDGE**

**PART B: SKILLS AND KNOWLEDGE**

This Part concerns information regarding the skills, qualifications and experience we require in assessing your application. It is therefore essential that you give full details in the following sections.

You should note that supplementary materials such as CVs or testimonials will not be considered, unless expressly requested as part of this recruitment campaign.

1. **Employment History**

***Present (or most recent) Employer***

|  |  |
| --- | --- |
| **Employers Name** | To be completed |
| **Job Title and Main Duties**  ***Please provide a brief description of your role*** | To be completed |
| **Date Started** | To be completed |
| **Why do you wish to leave / Why did you leave?** | To be completed |

*Existing Civil Servants*

|  |  |
| --- | --- |
| **Existing Civil Servant?** | Yes/No |
| **Current Substantive Grade** | To be completed |

Please note that if you are an existing civil servant and you are applying for a temporary post you will not retain any continuous service unless your current department has given you permission for a secondment.

Any move to COPFS from another employer will mean you can no longer access childcare vouchers. This includes moves between government departments. You may however be eligible for other government schemes, including Tax-Free Childcare. Determine your eligibility at <https://www.childcarechoices.gov.uk/>.

***Employment History***

Please provide information of your previous employment, including self-employment, **starting with the most recent**. This would normally cover a 3-5 year history; however you should ensure any relevant positions out with this timeframe are included.

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Employer Name** | **Main Duties** | **Reason for leaving** |
| To be completed | To be completed | To be completed | To be completed |
| To be completed | To be completed | To be completed | To be completed |
| To be completed | To be completed | To be completed | To be completed |

1. **Qualifications & experience**

Please indicate which of the following statements are applicable to you:(please note only one is required to meet eligibility requirements)

I confirm that I hold the minimum entry qualifications for this role and can evidence this through formal education certificates if successful.

I confirm that I have demonstratable work experience that can be assessed in Part B of this application form.

You should use the Additional Information section to express how you meet the other essential criteria for the role.

1. **Disability Confident Employer**

COPFS participates in the Disability Confident Employer Scheme as awarded by Job Centre Plus.

Under this scheme all candidates who consider themselves to be disabled in terms of the Equality Act 2010, and who meet the essential minimum criteria for the post, will be guaranteed an interview.

The [Equality Act 2010](https://www.gov.uk/definition-of-disability-under-equality-act-2010) defines a disability as a physical or mental impairment which has a substantial & long term adverse effect on a person’s ability to carry out normal day-to-day activities. Further guidance in relation to the meaning of disability is accessible on the [official UK guide to disabled rights and services in the UK](http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/index.htm?cids=MSN_PPC&cre=Disability) ([www.directgov.uk](http://www.directgov.uk)).

Do you consider yourself to be disabled in terms of the Equality Act 2010?

Yes  No

For the purposes of the scheme, the minimum criteria to quality for interview requires adequate demonstration of the relevant competences and to meet the essential criteria.

*Reasonable Adjustments*

COPFS will make reasonable adjustments within the recruitment process, where appropriate. If you have a disability, please confirm any adjustments you would like to be considered by the selection panel, both in terms of assessing your application as part of the sift and if you are invited to interview.

|  |
| --- |
| To be completed |

1. **Statement in Support of Application**

Use this space to demonstrate that you have the key competencies, skills, knowledge and essential criteria as asked for in the application pack document. We ask that you use specific examples/evidence to support your experience. You may also use this space to include any other information which may be relevant to your application.

This is a very important part of your application. If you fail to provide evidence specific to each of the competencies and requirements as detailed in the advert, the selection panel will find it difficult to assess your application. The selection panel will also not make assumptions as to the skills and experience you have gained. We strongly recommend that all candidates refer to the document “A Candidates Guide to Competency Based Selection” which will guide you on how to prepare for your evidence for application.

The recruitment panel also expect you to ensure that the examples given in your application form are concise and meet with the recommended word count of 250 words per competency. Answers in excess of 300 words will not be assessed beyond this count which will likely affect your score. You must declare your word count where requested.

|  |
| --- |
| **Insert Compentency Name (from advert)** |
| Insert evidence here  **WORD COUNT (** To be completed - word count should be stated for full section **)** |
| **Insert Compentency Name (from advert)** |
| Insert evidence here  **WORD COUNT (** To be completed - word count should be stated for full section **)** |
| **Insert Compentency Name (from advert)** |
| Insert evidence here  **WORD COUNT (** To be completed - word count should be stated for full section **)** |
| **Insert Compentency Name (from advert)** |
| Insert evidence here  **WORD COUNT (** To be completed - word count should be stated for full section **)** |
| **ESSENTIAL AND DESIRABLE CRITERIA** |
| ***Please note any additional information which demonstrates that you meet the essential and desirable criteria as set out within the advertising materials. Please note that your word count is not limited for this section.***  Insert criteria evidence here |

**Please continue to Part D – CANDIDATE DECLARATION**

**PART C: CANDIDATE DECLARATION**

I declare that the information I have given in Parts A and B of this application is, to the best of my knowledge, true and complete.

Under the terms of the Data Protection Act 2018, I agree that the information given in Parts A and B of this application and Equal Opportunities Monitoring form may be processed to provide management information for recruitment and equal opportunities monitoring purposes. I understand that this information will not be retained longer than it is needed.

If however I successfully gain employment with COPFS, I agree for my Application form including the Equal Opportunities Monitoring Form to form part of my personnel record.

I understand that if it is found that I have given false or misleading information or wilfully suppressed any material fact, my application will be liable to either disqualification or, if appointed, to dismissal.

I confirm that I have completed the equal opportunities monitoring form below.

Signed

Date

Please note an electronic signature is acceptable for this application.

Please send your completed application to the COPFS HR Resource Team:

E-mail: [recruitment@copfs.gov.uk](mailto:recruitment@copfs.gov.uk)

COPFS Human Resources

Resource Team

Crown Office

25 Chambers Street

Edinburgh

EH1 1LA

**Please continue to ANNEX 1 – EQUAL OPPORTUNITIES MONITORING FORM**

**ANNEX 1: EQUAL OPPORTUNITIES MONITORING FORM**

All candidates must complete this form, however where you would prefer not to answer a particular question, you can tick the relevant box in order to indicate this.

Data gathered will be used to enable the Crown Office and Procurator Fiscal Service (COPFS) to review and report on the effectiveness of its equal opportunities policies. **This will not form part of the selection for the post and will be removed from your application before being passed to the assessment board**.

If you successfully gain employment with COPFS then this will form part of your personnel file.

For each question on this form, you should only tick one box.

|  |  |
| --- | --- |
| **1.** | **Please complete** |
| **Date of Birth** | What is your date of birth? DD/MM/YY  What is your age: To be completed  I prefer not to answer this question |

|  |  |
| --- | --- |
| **2.** | **Please complete** |
| **Marital / Civil Partnership Status** | Married / in a Civil Partnership  Divorced / Dissolved Civil Partnership  Separated (Marriage / Civil Partnership)  Single  Widowed / Bereaved Civil Partner  I prefer not to answer this question |

|  |  |
| --- | --- |
| **3.** | **Please complete** |
| **Gender** | Female  Male  I prefer not to answer this question |

|  |  |
| --- | --- |
| **4.** | **Please complete** |
| **Nationality** | Scottish  English  Welsh  Northern Irish  British  Irish  Polish  Other – please state  I prefer not to answer this question |

|  |  |
| --- | --- |
| **5.** | **Please complete** |
| **Ethnic Group** | **A White**  Scottish  Other British  Irish  Gypsy/Traveller  Polish  Other – please state |
| **B Mixed or multiple ethnic groups**  Any mixed or multiple ethnic groups, please state: |
| **C Asian, Asian Scottish or Asian British**  Pakistani, Pakistani Scottish or Pakistani British  Indian, Indian Scottish or Indian British  Bangladeshi, Bangladeshi Scottish or Bangladeshi British  Chinese, Chinese Scottish or Chinese British  Other - please state:­­­­­­­­­­­­­­­­ |
| **D African**  African, African Scottish or African British  Other, please state: |
| **E Caribbean or Black**  Caribbean, Caribbean Scottish or Caribbean British  Black, Black Scottish or Black British  Other - please state: |
| **F Other ethnic group**  Arab, Arab Scottish or Arab British  Other - please state: |
|  | **G I prefer not to answer this question**  I prefer not to answer this question |

|  |  |
| --- | --- |
| **6.** | **If data incorrect or not held please tick one box** |
| **Belief/Religion** | None  Church of Scotland  Roman Catholic  Other Christian  Muslim  Buddhist  Sikh  Jewish  Hindu  Pagan  Other – Please specify  I prefer not to answer this question |

|  |  |
| --- | --- |
| **7.** | **Please complete** |
| **Dependents**  **Do you care for someone who depends on you for help to deal with difficulties or emergencies?** | No – I have no dependents  Yes – tick all that apply:  Child  Parent  Partner / Husband / Wife  Other - please state:  I prefer not to answer this question |

|  |  |
| --- | --- |
| **8.** | **If data incorrect or not held please tick one box** |
| **Sexual Orientation**  **Which of the following best describes how you think of yourself?** | Heterosexual / Straight  Gay / Lesbian  Bisexual  Other - Please specify  ­­­­­­­­­­­­­­­­­­­­­­­ I prefer not to answer this question |

|  |  |
| --- | --- |
| **9.** | **Please complete** |
| **Do you consider yourself to be disabled?** | Yes  No  I prefer not to answer this question |
| **If yes, do you wish HR to contact you about any reasonable adjustments you may need made at work?** | Yes  No |
| **Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?** | Tick all that apply:  Deafness or partial hearing loss  Blindness or partial sight loss  Learning disability (for example, Down’s Syndrome)  Learning difficulty (for example, dyslexia)  Developmental disorder (for example, Autistic Spectrum Disorder or Asperger’s Syndrome)  Physical disability  Mental health condition  Long term illness, disease or condition  Other condition - Please specify |