

## Talentlink Application Questionnaire

<b>Occupational Therapist</b>
Do you have the right to work in the UK?
Do you have the required qualification or equivalent as required in the Job Advert?
Are you registered with the Health & Care Professions Council? - Please provide your registration number.
If you have a disability and can offer the skills and experience for the job, we will guarantee you an interview. Do you wish to declare that you have a disability?
Please explain why you wish to apply for this post.
Please describe how your experience relates to the duties and requirements outlined in the Job Advert.
Please provide any additional information, with particular reference to the Job Advert, which you feel will support your application. You may also wish to refer to the Role Profile, to provide further information in support of your application.
<b>Additional Information requested</b>
Are you related to any member or Senior Officer of Perth and Kinross Council? - Please state name, position and relationship.
Are you currently employed by Perth and Kinross Council? - Please insert your Employee Number here:
Have you previously been employed by Perth & Kinross Council or any of its predecessors, including on a supply basis? - Please insert your Payroll Number or Job Title, Service/Team/Dates of Employment here:
Are you a member of the PVG scheme? - Please provide your PVG number, date it was issued and name of the Regulatory Body who countersigned it.

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