



For better mental health

Application for the post of:

Please insert full job title, the centre/project and the Number of hours per week

PERSONAL DETAILS

Title:	CONFIDENTIAL
Surname:	Date of Birth:
Forenames:	National Insurance No:
Address:	Home Tel:
	Daytime Tel:
	Mobile Tel:
Postcode:	Email:

For office use only

Application received on:	References requested:
Shortlisted: Yes/No	Reference 1 received:
Interview date:	Reference 2 received:
Post offered: Yes/No	Appointment letter Sent on:
Candidate notified of Result on:	Candidate accepted post in writing on:
Candidate accepted post Verbally on:	Starting date:

REFEREES

Please give the name, address and telephone numbers of two referees, stating in what capacity you know them. The references must be from your manager or supervisor from your two most recent places of paid employment. If you haven't been in recent employment please provide references from recent voluntary work, training or education.

NAME:	NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
TEL:	TEL:
FAX:	FAX:
EMAIL:	EMAIL:
RELATION:	RELATION:

SICKNESS RECORD

Please give details of the amounts of sick leave you have taken over the past two years. If this includes any continuous periods of more than ten days please give brief details.

CRIMINAL CONVICTIONS

Because of the nature of the work of this post and the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 you are required to give details of all criminal offences for which you have been convicted, including 'spent' convictions.

Have you ever been found guilty of a criminal offence? Yes No

Previous convictions will not automatically bar candidates and convictions will only be considered in relation to the post for which you have applied. Successful applicants will be required to consent to a Criminal Records Bureau check.

OTHER INFORMATION

Do you require a work permit?	Yes	No
If so, do you have a valid permit?	Yes	No
Do you hold a full valid driving licence?	Yes	No
If appointed, when could you start?	

I certify that the information given on this form is correct to the best of my knowledge and that false information may render me liable to dismissal if I am employed.

Signed: Dated:

EDUCATION AND TRAINING

School/College/University attended	Qualifications obtained, examinations passed or studies being currently undertaken	Date Passed	Grade or Stage (if applicable)

VOCATIONAL, PROFESSIONAL OR OTHER RELEVANT TRAINING AND QUALIFICATIONS

Please give details of qualifications obtained by examination, membership of Professional bodies, vocational or other relevant training.

SUPPORTING STATEMENT

Use this part of the form to tell us why you feel you are suitable for this job. You should structure your statement by addressing each of the points in the Person Specification.

SUPPORTING STATEMENT CONTINUED...

Use this part of the form to tell us why you feel you are suitable for this job. You should structure your statement by addressing each of the points in the Person Specification.

Continue on additional sheets if necessary.

EQUAL OPPORTUNITIES RECRUITMENT MONITORING FORM

Wellingborough Mind is working to implement and develop our Equal Opportunities Policy. In order to monitor the effectiveness of the policy we ask all job applicants to provide the following information. The information you provide will be treated as confidential; it will not form part of the selection process and will not be seen by the short listing or interview panel.

Post applied for:

What age are you?

- Under 20
- 20 – 29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 +

Are you?

- Male
- Female

How would you describe your racial/ethnic origin?

- Bangladeshi
- Black British
- Black Caribbean
- Black Other
- Chinese
- Indian
- Mixed Race
- Pakistani
- Polish
- White English/Scottish/Welsh
- White Other
- Any other ethnic group (please describe)

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Do you consider yourself to have a disability?

- Yes Details.
- No

Are you, or have you been in the past, a user of mental health services?

- Yes Details.
- No

Where did you see this post advertised?

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CRIMINAL CONVICTIONS

This form must be filled in if you have ever been convicted of a criminal offence.

Because of the nature of the work of this post and the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 you are required to give details of all criminal offences for which you have been convicted, including 'spent' convictions.

Previous convictions will not automatically bar candidates and convictions will only be considered in relation to the post for which you have applied. Successful applicants will be required to consent to a Criminal Record Bureau check.

Name: **Post applied for:**

Please list criminal convictions including the offence and the date:

This information is correct and I understand that false information may render me liable to dismissal if I am employed.

Signed: **Date:**

When completed, this form should be returned to:
Wellingborough & District Mind, 14 Havelock Street, Wellingborough, NN8 4QA