



Orchard House, 15A Purley Road, South Croydon CR2 6EZ
 Tel: 020 8253 8203, 020 8253 8204, 020 8253 8207
 E: ess@mindincroydon.org.uk W: www.mindincroydon.org.uk

Employment



Support

Employment Support Services

APPLICATION FORM

Please note: In order to process this application we will also need a referral from a referral from a health professional e.g. your care coordinator or GP.

THIS FORM MUST ONLY BE COMPLETED BY THE APPLICANT

In order to access this service, you need to be:

- aged 18 or over
- a Croydon resident
- willing to seek paid employment, further education or training
(Please refer to the service leaflet for full eligibility criteria)

If there is insufficient space to complete your answers, please continue on a separate piece of paper with your name and address at the top. If you are experiencing any difficulties filling in this form, please contact a member of the Employment Support Team on: 020 8253 8203, 020 8253 8204 or 020 8253 8207.

PART 1

PERSONAL DETAILS

Title: _____ Surname: _____ First Name: _____

Address: _____

Postcode: _____ Tel Number: _____

Mobile Number: _____ Preferred Contact: _____

Email address: _____

Date of Birth: _____ Marital Status: _____

Number of Dependents: _____ National Insurance Number: _____

Next of Kin/Person available in the event of an emergency:

Name: _____ Relationship: _____ Contact: _____

PERSONAL DETAILS (cont)

What is your gender? Male Female Transgender

What is your ethnic origin? (please tick)

- | | | |
|--|---|--|
| <input type="radio"/> White British | <input type="radio"/> White and Black Caribbean | <input type="radio"/> Other Asian Background |
| <input type="radio"/> White Irish | <input type="radio"/> White and Black African | <input type="radio"/> Indian |
| <input type="radio"/> Other White Background | <input type="radio"/> White and Asian | <input type="radio"/> Pakistani |
| | <input type="radio"/> Other Mixed Background | <input type="radio"/> Bangladeshi |

- | | |
|--|--|
| <input type="radio"/> Black or Black British | <input type="radio"/> Chinese |
| <input type="radio"/> Caribbean | <input type="radio"/> Other ethnic group |
| <input type="radio"/> African | |
| <input type="radio"/> Other Black Background | |

Please specify: _____

What is your religion?

- | | |
|------------------------------------|---|
| <input type="radio"/> Christianity | <input type="radio"/> Sikh |
| <input type="radio"/> Buddhist | <input type="radio"/> No religion affiliation or belief |
| <input type="radio"/> Hindu | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Jewish | <input type="radio"/> Other, please specify |
| <input type="radio"/> Muslim | |

Please indicate your immigration status

- | | | | |
|-------------------------------|-------------------------------------|-----------------------------------|---------------------------|
| <input type="radio"/> Refugee | <input type="radio"/> Asylum Seeker | <input type="radio"/> EA National | <input type="radio"/> N/A |
|-------------------------------|-------------------------------------|-----------------------------------|---------------------------|

Do you consider yourself to be a disabled person?

- Yes No

If yes, please tick the relevant options:

- Deafness/partial loss of hearing
- Blindness/partial loss of sight
- Learning disability
- Physical disability
- Mental health problem
- Other, please specify _____

If other, please add details

How would you describe your sexuality?

- Heterosexual (Straight) Bisexual Unsure
 Homosexual (Gay, Lesbian) Other

Please could you indicate your current employment status (please tick all that apply)?

- In education full time In training
 In education part time Not in education, training or employment
 In employment full time Volunteering
 In employment part time

Are you a carer?

- Yes No

Consent for Communication

Once we have conducted an initial consultation would you like to receive text message or phone reminders for the activities you are interested in taking part in and future appointments?

- Yes No

Would you like to receive information on other Mind in Croydon services?

- Yes No

REHABILITATION OF OFFENDERS ACT

Please note that all applicants are required to undergo criminal record checks as provided by the Criminal Records Bureau. This record check will include details of cautions, reprimands or final warnings, as well as convictions.

A criminal record will not affect your chances of becoming a volunteer, unless it makes you unsuitable for the position. In making this decision, we will consider the nature of the offence, how long ago and what age you were when it was committed, and any other relevant factors. We will keep in strict confidence any information we receive and will store it securely. If these checks reveal evidence that makes you unsuitable for the post, Mind in Croydon reserves the right to dismiss without notice at anytime. By signing this application you are giving your consent to these checks being carried out at any time as a volunteer with Mind in Croydon.

Have you ever been convicted of a criminal offence? Yes No

If you have answered YES, please give details of date(s) of offence(s) and sentences passed:

PART 2

Please tell us the nature of your mental health condition? Please state how your mental health condition affects you on a day-to-day basis, including the effects of medication:

Relapse indicators: What are the signs of you being/becoming unwell? What are the risks associated with you being/becoming unwell?

Sources of Support: Please give details of the people that are currently supporting you e.g. CPN, Psychiatrist, Social Worker, Care Coordinator, Support Worker, Other (please specify)

Profession/Relationship	Name	Address	Contact Number

Are you currently receiving support from any other organisation? e.g. employment agency, voluntary or statutory service (Please specify)

Employment History: Please tell us about your experience of work; including any paid employment, self-employment and/or voluntary work:

How long has it been since you were last employed?

years

months

How long have you managed to retain work?

years

months

Education and Training: Please give details of any qualifications attained and any courses attended

Do you have 5 GCSE's (or equivalent) at grade C or above?

yes

no

Vocational Barriers: Do you have any specific concerns, worries or questions about returning to work or attending college (please specify)

Work Retention: How do you think your mental health problem would affect you if you were employed?

Disclosure: Please tell us how comfortable you would feel about telling a prospective employer that you have been diagnosed with a mental health condition?

Physical health: Please tell us about any physical problems you have and any treatment you are receiving

Please tell us if there any issues relating to health & safety in the work place that we should be aware of? This includes risks of falling, confusion, any past or present issues you may have had related to alcohol, non prescribed drugs, violence and aggression, self harm and any other issues that you feel may be relevant

Is there any other risk that we should be aware of prior to a needs assessment appointment?
Please include details of any other disabilities and/or any information that you believe we should be aware of

What would you like to achieve from accessing this service? This might include accessing employment, gaining practical skills, improving your life skills, attending further education or training etc

Skills, Qualities and Interests: Please tell us about things that you are good at doing, personal qualities and things you like doing

Activities: Please tell us about any leisure activities you are involved in at the moment and/or activities that you would like to do

Welfare benefits

Please indicate which benefits you are currently receiving by placing a ✓ in the appropriate box.

Universal Credit Disability Living Allowance Personal Independence Payment (PIP)

Income Support Other (please specify) Employment Support Allowance

Housing Benefit are you in a support group

or work-related activity group

Do you possess a 'Freedom Pass': Yes No

Do you currently have any housing or financial issues? Yes No

If so please specify

Review

We will hold reviews, routinely as part of your support programme and at the end of the period of working with someone to look at any agreed next steps; these provide an opportunity to reflect on your progress and agree personal goals. We are happy for you to invite someone else (either professional or carer) to these reviews. Who would you like to invite?

Referrer (as above)

No One

Someone else (please give contact details below)

Name: _____ Telephone no: _____

Position/Relationship/Team: _____

Address: _____

Criteria and Consent

I am willing to participate in vocational activities (including voluntary work, work experience, further education or training) as part of my rehabilitation to enter paid employment (please tick if you agree)

I am happy for my review (see above section) reports to be sent to my the health professional supporting within the CMHT e.g. CPN, Psychiatrist, Social Worker, Care Coordinator, Support Worker Yes No

I understand that this service may be withdrawn if I do not keep to my arranged appointments or if my attendance becomes erratic.

I declare that the details I have given on this form are accurate and to the best of my knowledge. By signing this form I give permission for the staff of Mind in Croydon to contact any person(s) named on this document for further information in support of my application. I understand that this information will not be disclosed to any other third party without my prior consent (unless there is risk of harm to myself/others)

In accordance with Data Protection Law, we will only use your personal data for those purposes for which you have given your permission. A full copy of our Privacy Statement is available at www.mindincroydon.org.uk

Signed: (Applicant) Print: Date:.....

Thank you for your application. A Support Worker will contact you within two weeks of your referral being received.

Please return your completed application and equal Opportunities monitoring form to:

Mind in Croydon Employment Support Services
Orchard House, 15a Purley Road, South Croydon, CR2 6EZ