**APPLICATION FORM**

**Complete and return to the form to:** [**vacancies@bwwmind.org.uk**](mailto:vacancies@bwwmind.org.uk)

Please complete using **BLACK INK or TYPESCRIPT**

|  |  |
| --- | --- |
| Your Initials |  |

**PLEASE SPECIFY WHICH LOCATION YOU ARE INTERESTED IN.**

**Please also include which role you are applying for:**

|  |  |  |  |
| --- | --- | --- | --- |
| A | Lead Practitioner SMI | Wandsworth & Westminster |  |

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| B | SMI Practitioner | Wandsworth |  |
| C | SMI Practitioner | Croydon |  |
| D | SMI Practitioner | Kingston |  |
| E | SMI Practitioner | Richmond |  |
| F | SMI Practitioner | Merton |  |

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| --- | --- | --- | --- |
| G | Bank Peer Support Worker | Wandsworth |  |
| H | Bank Peer Support Worker | Croydon |  |
| I | Bank Peer Support Worker | Kingston |  |
| J | Bank Peer Support Worker | Richmond |  |
| K | Bank Peer Support Worker | Merton |  |

**EDUCATION/FURTHER EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates  From | Dates  To | Name and address of school, college, polytechnic/university | Course taken/ Subject | Grade/  Result |
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**TRAINING**

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| --- |
| Details of any training or voluntary work undertaken relevant to this role: |

**PROFESSIONAL QUALIFICATIONS OR MEMBERSHIPS**

|  |
| --- |
| Please give details including dates obtained. On appointment, you must produce relevant certificates to confirm your current membership. |

**EMPLOYMENT HISTORY**

This should begin with your last employer. Please include any voluntary work as well*. Please explain any gaps in employment history in the ‘other information section’.*

|  |  |  |
| --- | --- | --- |
| Name and address of  Current Employer (*if applicable*) |  | |
| Position Held |  | |
| Dates of Employment | From: | To: |
| Headline summary of duties |  | |
| Current Salary |  | |
| Notice period |  | |
| Reason For Leaving |  | |

**PREVIOUS EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| Name and address of  Employer |  | |
| Position Held |  | |
| Dates of Employment | From: | To: |
| Brief description of duties: |  | |
| Reason For Leaving |  | |

|  |  |  |
| --- | --- | --- |
| Name and address of  Current Employer (*if applicable*) |  | |
| Position Held |  | |
| Dates of Employment | From: | To: |
| Brief description of duties: |  | |
| Reason For Leaving |  | |

|  |  |  |
| --- | --- | --- |
| Name and address of  Current Employer (*if applicable*) |  | |
| Position Held |  | |
| Dates of Employment | From: | To: |
| Brief description of duties: |  | |
| Reason For Leaving |  | |

**PERSONAL STATEMENT**

Please indicate why you are applying for this role and indicate the relevant skills, knowledge and experience you have by addressing the points set out in the person specification. ***(Please limit your response to a maximum of 2 sides of A4)***

|  |
| --- |
|  |

**CONFIDENTIAL DETAILS**

(*Please note these will be detached from your application and will not be used to assess candidates.)*

Do you consider yourself to have a disability?

Yes □ No □

Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process.

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**REHABILITATION OF OFFENDERS**

Having a criminal record will not necessarily be a bar to obtaining a position or placement and Mind in Brent, Wandsworth and Westminster will not unfairly discriminate against the subject of Disclosure of information on the basis of conviction or other details revealed. Please be advised that most roles at Mind in Brent, Wandsworth and Westminster required a DBS check to be carried out.

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence (declaration subject to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? Please include cautions, convictions, reprimands and final warnings, or are you currently the subject of a police investigation? | Yes □  No □ |
| If yes, please give details: |  |

**PROTECTION OF VULNERABLE ADULTS SCHEME - CARE STANDARDS ACT**

|  |  |
| --- | --- |
| Have you ever knowingly been the subject of any investigation or enquiry into an allegation of possible abuse of a child or vulnerable adult? | Yes □  No **□** |

**ELIGIBILITY TO WORK IN THE UK**

|  |  |
| --- | --- |
| Do you have evidence of your entitlement to live and work in the UK? | Yes  **□** No □ |
| Do you have a visa to work in the UK?  If yes, what type?: | Yes □ No □  If yes give expiry date: |

**WORKING TIME REGULATIONS**

|  |  |
| --- | --- |
| If you are successful in this application will you continue to work for another employer? | Yes □ No □ |
| If yes, how many hours a week? |  |

**REFERENCES**

Please provide last **three years** of your employment/academic history we can contact. We will not normally take up references until after interview.

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Address  Post code |  |
| Telephone |  |
| Email |  |
| RELATIONSHIP (employer, manager, friend) | How long has this person known you? |

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Address  Post code |  |
| Telephone |  |
| Email |  |
| RELATIONSHIP  (employer, manager, friend) | How long has this person known you? |

**Disclosure and Barring Service (DBS)**

Most roles at Mind in Brent, Wandsworth and Westminster will require a DBS check to be carried out.

|  |
| --- |
| Disclosure and Barring Service (DBS) previously the Criminal Records Bureau (CRB) checks:  Have you had a recent DBS?  Yes, through another organisation **□**  Yes through Mind in Brent, Wandsworth and Westminster **□**  No, I don’t have a DBS **□**  If yes through Mind in Brent, Wandsworth and Westminster, please give details of:  Certificate number………………………………… Date …. / … /…  DD/MM/YYYY  Are you registered on the DBS update service?  Yes **□** No **□**  If yes**,** please confirm:  Certificate number………………………………… Date issued …. / … /… DD/MM/YYYY |

**Your Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| First Name and Title | ­Mr □ Mrs □ Miss **□** Ms □  Dr □ Other □ | | |
| Home address  Post code |  | | |
| Home Telephone No. |  | | |
| Mobile Telephone No. |  | | |
| E-mail Address |  | | |
| Date of Birth | Date | Month | Year |
| Nationality |  | | |
| National Insurance Number |  | | |

**DECLARATION**

I declare that the information that I have given in this application is correct to my best belief and knowledge. I consent to Mind in Brent, Wandsworth and Westminster processing my personal and personal sensitive data given in this application to process this application and any subsequent employment with Mind in Brent, Wandsworth and Westminster.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

Please submit your completed application form via email to: [vacancies@bwwmind.org.uk](mailto:vacancies@bwwmind.org.uk)

For any enquiries, please call: 0207 259 8100

**RECRUITMENT MONITORING FORM**

(*Please note these will be detached from your application and will not be used to assess candidates)*

We are committed to the operation of employment procedures and conditions that provide for equal opportunities. Our policy aims to ensure that unfair discrimination does not take place at any stage in recruitment and employment.

In order to help us monitor the effectiveness of this policy, we would appreciate it if you could provide the information requested below. Any information provided will be confidential and stored and used in accordance with the Data Protection Act 1998 for the purpose of equal opportunities monitoring only. There is no obligation to complete the questions below, but doing so helps us assess our reach.

|  |  |
| --- | --- |
| **POST APPLIED FOR** |  |
| **DATE** |  |

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| **DISABILITY**  The Equality Act 2010 defines disability as ‘a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities’. | | | | | | |
| **Do you consider yourself to have a disability, impairment, learning difference or long-term condition?** | | | | | | |
| Yes |  | No |  | Prefer not to say | |  |
| **If yes, please specify** | | | | | | |
| A specific learning difference such as dyslexia, dyspraxia or AD(H)D | | | | |  | |
| A long-standing illness or health condition such cancer, HIV, diabetes, chronic heart disease or epilepsy | | | | |  | |
| General learning disability (such as Down’s syndrome) | | | | |  | |
| A social or communication impairment such as Asperger’s syndrome/ other autistic spectrum disorder | | | | |  | |
| A mental health condition such as depression, schizophrenia or anxiety disorder | | | | |  | |
| A physical impairment or mobility issues, such as difficulty using arms, or using a wheelchair or crutches | | | | |  | |
| Deaf or serious hearing impairment | | | | |  | |
| Blind or serious visual impairment uncorrected by glasses | | | | |  | |
| A disability, impairment or learning difference not listed above | | | | |  | |
| Prefer not to say | | | | |  | |
| Prefer to self-describe | | | | |  | |

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| **GENDER IDENTITY – Do you identify as trans?** | | | | | | | |
| Yes |  | No |  | Prefer not to say |  | Prefer to self-describe |  |
|  | | | | | | | |

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| **GENDER – What best describes your gender?** | | | | | | | |
| Intersex |  | Man |  | Non-Binary |  | Woman |  |
| Prefer not to say |  | Prefer to self-describe |  |  |  |  |  |

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| **ETHNICITY**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. | | | | | | | | |
| **What best describes your ethnic group?** | | | | | | | | |
| **Asian** | | **White** | | | **Black** | | **Mixed race** | |
| Asian or Asian British – Any other Asian Background |  | English |  | | Black or Black British – Any other background |  | Any other mixed background |  |
| Asian or Asian British – Bangladeshi |  | Scottish |  | | Black or Black British - African |  | White and Asian |  |
| Asian or Asian British – Chinese |  | Welsh |  | | Black or Black British - Caribbean |  | White and Black African |  |
| Asian or Asian British – Indian |  | Irish |  | |  |  | White and Black Caribbean |  |
| Asian or Asian British - Pakistani |  | Northern Irish |  | |  |  |  | |
|  |  | Gypsy/Irish Traveller |  | |  |  |  | |
|  |  | British/mixed British |  | |  |  |  | |
| **Other** |  |  | | | | | | |
| If you have selected ‘Other’ above, please state, or detail your ethnicity if different to the categories above: | | | |  | | | | |
| I do not wish to provide this information | | | |  | | | | |

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| **RELIGION** | | | | | | | |
| Buddhist |  | Christian |  | Hindu |  | Jewish |  |
| Muslim |  | Non-Religious (atheist, humanist etc.) |  | Sikh |  | Prefer not to say |  |
| Prefer to self-describe |  |  | | | | | |

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| **SEXUAL ORIENTATION** | | | | | |
| **What best describes your sexual orientation?** | | | | | |
| Bisexual |  | Gay man |  | Gay women / lesbian |  |
| Heterosexual |  | Prefer not to say |  | Prefer to self-describe |  |

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| **AGE GROUP** | | | | | | | | | |
| 16-19 |  | 20-24 |  | 25-29 |  | 30-34 |  | 35-39 |  |
| 40-44 |  | 45-49 |  | 50-54 |  | 55-59 |  | 60-64 |  |
| 65+ |  | Prefer not to say |  |  | | | | | |

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| **CARING RESPONSIBILITIES**  Do you have any caring responsibilities? If yes, please tick all that apply | | | | | |
| None |  | Primary caregiver of a child/children under 18 |  | Primary caregiver of disabled child/children |  |
| Primary caregiver of a disabled adult (Over 18) |  | Primary carer of an older person |  | Secondary carer (Another person caries out primary care role |  |
| Prefer not to say |  |  | | | |

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| **MARITAL STATUS** | | | | | |
| **Are you currently married or in a civil partnership?** | | | | | |
| Yes |  | No |  | Prefer not to say |  |

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| --- | --- | --- | --- | --- | --- |
| **GEOGRAPHICAL LOCATION** | | | | | |
| **Where in the UK do you currently live?** | | | | | |
| England – East Midlands |  | England - East of England |  | England - London |  |
| England – North East |  | England – North West |  | England – South East |  |
| England – South West |  | England – West Midlands |  | England – Yorkshire and the Humber |  |
| Northern Ireland |  | Scotland |  | Wales |  |
| Outside of the UK |  | Prefer not to say |  |  | |
| **In which area of the UK did you predominantly grow up?** | | | | | |
| England – East Midlands |  | England - East of England |  | England - London |  |
| England – North East |  | England – North West |  | England – South East |  |
| England – South West |  | England – West Midlands |  | England – Yorkshire and the Humber |  |
| Northern Ireland |  | Scotland |  | Wales |  |
| Outside of the UK |  | Prefer not to say |  |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| **RETURNSHIPS** | | | | | | |
| **Are you returning to work following an extended period (12 months or more) absence?** | | | | | | |
| Yes |  | No |  | Prefer not to say | |  |
| **If yes, please select those that apply** | | | | | | |
| Period of ill health | | | | |  | |
| Primary carer of an adult (Over 18 years old) | | | | |  | |
| Primary carer of a child or children (Under 18 years old) | | | | |  | |
| Prefer not to say | | | | |  | |
| Prefer to self-describe | | | | |  | |