**APPLICATION FORM**

Complete and return the form to:pat.odriscoll@islingtonmind.org.uk

Please complete using **BLACK INK or TYPESCRIPT**

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

|  |  |
| --- | --- |
| Post Applied For |  |

|  |  |
| --- | --- |
| Where did you hear about this position? |  |

**EDUCATION/FURTHER EDUCATION**

Please continue on another page if necessary.

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

|  |
| --- |
| 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 previous employer (if applicable) |  | |
| Position Held |  | |
| Dates of Employment | From: | To: |
| Brief description of duties: |  | |
| Reason For Leaving |  | |

**PERSONAL STATEMENT**

We will shortlist candidates for interview based on the criteria listed in the person specification. Please use the space below to go through each point of the person specification and tell us how your skills, knowledge, experience, and abilities correspond to the criteria we have listed.

**IMPORTANT:**

* CVs will not be accepted. Please do not paste your CVs as these will be disregarded.
* Applicants need to explain their experience and how they meet the criteria in the person specification. You should try to answer each criteria. If you don’t have relevant experience from work, you can include experience from volunteering, studying etc., or include an example of what you would do.
* Missing out criteria means you will score ‘0’ against the criteria.

Please also include why you are interested in the role. If you need to, you may continue for up to 2 more additional sheets of A4 paper.

|  |
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|  |

**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 □**

**Access Requirements for the interview:** If you have a disability or condition that means you need us to make an adaptation for you to take part in an interview – or in any other part of the recruitment process, please give details (for example, you need documents in large font, you need wheelchair access). This will not affect your application.

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**REHABILITATION OF OFFENDERS**

Having a criminal record will not necessarily be a bar to obtaining a position or placement and Islington Mind will not unfairly discriminate against the subject of Disclosure of information on the basis of conviction or other details revealed.

Please be advised that Islington Mind will undertake a DBS (police) check upon offer of this post.

|  |  |
| --- | --- |
| 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: | |

**Disclosure and Barring Service (DBS)**

|  |
| --- |
| Disclosure and Barring Service (DBS), previously the Criminal Records Bureau (CRB) checks:  Have you had a recent DBS?  Yes, through Islington Mind □  Yes, through another organisation □  No □  If you can, please give details of:  Certificate number………………………………… Date \_\_\_ / \_\_\_ / \_\_\_  Are you registered on the DBS update service?  □ Yes  □ No  If yes**,** please confirm:  Certificate number………………………………… Date \_\_\_ / \_\_\_ / \_\_\_ |

**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? | □ Yes  □ No |
| If yes: what type? | |
| What is the 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 give details of two referees to whom we may apply for references **to cover the last three years**. One referee must be your current (or most recent) employer. If you have not been in paid employment, your referee may be the head of an educational or training establishment and/or the manager of a voluntary group for which you have worked. Referees will not be contacted unless you are offered a position at Islington Mind

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Capacity in which known to you: | Capacity in which known to you: |
| Organisation: | Organisation: |
| Address | Address: |
| Telephone No. | Telephone No. |
| Email address: | Email address: |

**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 | Day | 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 Islington Mind processing my personal and personal sensitive data given in this application to process this application and any subsequent employment with Islington Mind.

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

**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** |  |

|  |  |
| --- | --- |
| **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 e.g., dyslexia, dyspraxia, or ADD/ADHD |  |
| 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 autism 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 |  |
|  | | | | | | | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Traveler |  |  |  |  | |
|  |  | British/mixed British |  |  |  |  | |
| Other (please state) |  |  | | | | | |
| 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 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | | | | |  | |

**Thank you for completing this form.**