**APPLICATION FORM**

Complete and return to the form to:min.wilkinson@islingtonmind.org.uk

If completing this on paper, 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’.

**Current Employer**

|  |  |  |
| --- | --- | --- |
| 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 Employers**

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

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

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

|  |  |  |
| --- | --- | --- |
| 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.

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

**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.

|  |
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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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**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? | |

**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: | |

**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 |

**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 to for references. We ask that referees have **known you for at least 12 months**, and that your **references cover a period of at least three years**. One referee should be **your current or most recent employer**. Your referee may be an employer, the head of an educational or training establishment and/or the manager of a voluntary group for which you have worked. We also ask that **workplace email addresses** are given if possible.   
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 CONTACT DETAILS**

|  |  |
| --- | --- |
| Home Telephone No. |  |
| Mobile Telephone No. |  |
| E-mail Address |  |

**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 |  |

**Thank you for completing this form.**