**Employment Application Form**

Please complete all pages of this form as well as the Equal Opportunities and Disability Monitoring Form.

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| **Post applied for:** | | | | | | | Community Connector (Mental Health Resilience Worker) | | | | | | | | | | | | | | |
| **Location Preference: (Please select from the below 3 options)** | | | | | | | | | | | | | | | | | | | | | |
| **Bedford** | | | | |  | | **Central Bedfordshire** | | | | |  | | | **Luton** | | | | | |  |
| Where did you see this post advertised? | | | | | | | | | |  | | | | | | | | | | | |
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| **Personal Details** | | | | | | | | | | | | | | | | | | | | | |
| First / other names: | | | | | |  | | | | | | | | | | | | | | | |
| Surname / family name: | | | | | |  | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | |
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| Postcode: | |  | | | | | | | | | | | | | | | | | | | |
| Home tel. no: | | |  | | | | | | Work tel. no:  (Contact during office hours will be with discretion) | | | | | | | | |  | | | |
| Mobile no: | |  | | | | | | | | | | | | | | | | | | | |
| Email address: | | | |  | | | | | | | | | | | | | | | | | |
| **Education, qualifications and training**  Only include qualifications and training that are relevant or required for the post | | | | | | | | | | | | | | | | | | | | | |
| **Education, qualifications and training** | | | | | | | | | | | | | | | | | **Dates** | | | | |
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| **Employment history** | | | | | | | | | | | | | | | | | | | | | |
| **Current or most recent employment:** | | | | | | | | | | | | | | | | | | | | | |
| Employer: | | | | |  | | | | Job title: | | | | | |  | | | | | | |
|  | | | | | | | | | Salary: | | | | | |  | | | | | | |
| From:  (month and year) | | | | |  | | | | To:  (month and year) | | | | | |  | | | | | | |
| Summary of duties: | | | | |  | | | | | | | | | | | | | | | | |
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| Reason for leaving: | | | | |  | | | | | | | | | | | | | | | | |
| **Previous employment** | | | | | | | | | | | | | | | | | | | | | |
| **Dates:** | **Job title with brief description of duties** | | | | | | | | | | | | | | | **Employer:** | | | | | |
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| **Experience, skills and knowledge** | | | | | | | | | | | | | | | | | | | | | |
| **Please explain and demonstrate how you meet the selection criteria in the Person Specification.** | | | | | | | | | | | | | | | | | | | | | |
| **Working with people to improve their mental health and wellbeing. (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Assessing clients needs and potential risks. (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Working within a small service within a wider organisation, including delivering a service against performance targets. (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Using a dedicated database/system for recording of and reporting service data. (Desirable)** | | | | | | | | | | | | | | | | | | | | | |
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| **Evidence of good interpersonal skills and an ability to form relationships with service users (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Establish and maintain constructive working relationships with a wide range of people. (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Knowledge of local community activities and leisure facilities.** (Please ensure you evidence and detail good knowledge of local area resources and demographics) **(Desirable)** | | | | | | | | | | | | | | | | | | | | | |
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| **Promoting a service. (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **IT (MS Outlook, Word and Excel, internet and zoom). (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Good literacy and numeracy skills. (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Good communication, motivational and negotiation skills. (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Ability to travel between locations using own or public transport (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Understanding the wellbeing needs of and working with people with mental health needs, including those from culturally diverse communities. (Essential)** | | | | | | | | | | | | | | | | | | | | | |
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| **Please continue on a separate sheet if necessary** | | | | | | | | | | | | | | | | | | | | | |
| **References**  Please give details of at least two referees who are able to comment on your work ability. One referee should be your current or most recent employer. References must cover the last three years of employment. | | | | | | | | | | | | | | | | | | | | | |
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| **Referee 1:** | | | | | | | | | | | **Referee 2:** | | | | | | | | | | |
| Name: | | | | |  | | | | | | Name: | | |  | | | | | | | |
| Address: | | | | |  | | | | | | Address: | | |  | | | | | | | |
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| Email: |  | | | | | | | | | | Email: | |  | | | | | | | | |
| Tel no: |  | | | | | | | | | | Tel no: | |  | | | | | | | | |
| Relationship of referee to you: | | | | | | | | | | | Relationship of referee to you: | | | | | | | | | | |
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| May we contact this referee before interview? | | | | | | | |  | | | May we contact this referee before interview? | | | | | | | |  | | |
| **Other** | | | | | | | | | | | | | | | | | | | | | |
| **DBS clearance and criminal convictions** | | | | | | | | | | | | | | | | | | | | | |
| *Working in certain positions for Mind BLMK is subject to satisfactory Disclosure and Barring Service (DBS) clearance – this check was previously called a CRB clearance.*  *Mind BLMK will process an enhanced DBS check for you to include regulated activities*  *with adults as well as children. If you object to these checks being carried out, please email* [*hr@mind-blmk.org.uk*](mailto:hr@mind-blmk.org.uk) *or tell the evidence-checker, in which case your application will be reviewed. Because of the nature of the work of staff in the organisation, the posts are exempt under the Rehabilitation of Offenders Act 1974 and you are required to reveal all convictions, including those that are spent.* | | | | | | | | | | | | | | | | | | | | | |
| Do you have any criminal convictions you need to disclose? | | | | | | | | | | | | | | | | | | | |  | |
| If you answered “yes” to the above, please declare convictions sealed in an envelope marked “Chief Executive”, Private and Confidential, Addressee only and send to the address below | | | | | | | | | | | | | | | | | | | | | |
| **Eligibility** If you are offered a position with Mind BLMK you will need to provide a copy of your passport and other necessary documentation to support your right to work in the UK. | | | | | | | | | | | | | | | | | | | | | |
| If you are not a member of the European Economic Area, are you entitled to work in the UK? | | | | | | | | | | | | | | | | | | | |  | |
| NB: Current applications will not be subject to the EU Settlement scheme, however, this will be a requirement from 01/07/21 if you are still employed by us. Please see gov.uk website for more information | | | | | | | | | | | | | | | | | | | | | |
| **Availability** | | | | | | | | | | | | | | | | | | | | | |
| If you were appointed, when would you be able to take up the post? | | | | | | | | | | | | | | | | | | |  | | |
| **Accessibility** | | | | | | | | | | | | | | | | | | | | | |
| Please tell us if there is anything we need to know in order to provide you with a fair interview, e.g. interpreter, wheelchair access or any other reasonable adjustment | | | | | | | | | | | | | | | | | | | | | |
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| **Additional Information** | | | | | | | | | | | | | | | | | | | | | |
| * I have a full driving licence and access to a vehicle: **Yes** 🗆 **No** 🗆 * Appointments are subject to acceptable references. | | | | | | | | | | | | | | | | | | | | | |
| **Submitting applications** | | | | | | | | | | | | | | | | | | | | | |
| **Applications completed electronically:** Please email this form to: [**hr@mind-blmk.org.uk**](mailto:hr@mind-blmk.org.uk)  **Applications completed by hand:** Please return this form as well as the completed Equal Opportunities and Disability Monitoring Form to marked “Private and Confidential” to:  **HR**  **Mind BLMK**  **The Rufus Centre**  **Steppingley Road**  **Flitwick**  **MK45 1AH** | | | | | | | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | | | |
| I confirm that the information on this form and in any attachments in respect of this application is correct. I understand that false or misleading information or failure to disclose a conviction as defined above, may lead to dismissal. I also understand that the information may be entered on a computer and, under the terms of the General Data Protection Regulations (GDPR), will be treated in a secure and confidential manner.    **Signed: Date:**  **Please note:** By submitting applications electronically you confirm that information supplied is correct. You will be asked to sign and date a printed copy of your application if selected for interview. | | | | | | | | | | | | | | | | | | | | | |
| **Data protection**  Under GDPR you have specific rights including giving consent for the collection and processing of your personal data (see our Privacy Policy at www.mind-blmk.org.uk). Please indicate below whether you give consent for us to collect, record and process the personal data you have provided for the purposes of recruitment, selection and appointment.     * I give my consent * I wish to find out more information or to check what personal data is being collected and processed before giving my consent   Signed:  Date: | | | | | | | | | | | | | | | | | | | | | |

**Equal Opportunities and Disability Monitoring**

We aim to provide equal opportunities and fair treatment for everyone. We would like you to complete this form in order to help us understand who we are reaching and to better serve the community. All details will be treated as confidential and are held in accordance with the General Data Protection Regulations (GDPR)

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| --- | --- | --- | --- | --- |
| **Name:** | | | | |
| **Age group** | **Gender** | | **Sexual orientation:** | **Religion/Faith:** |
| 17 or under   18-29   30-39   40-49   50-59   60-69   70 and over   Prefer not to say  | Female Male  The gender ticked above is different from the sex assigned to me  at birth   Prefer not to say  | | Bisexual   Gay man  Heterosexual   Lesbian   Other  *Please specify:*  Prefer not to say  | Buddhist   Christian (any  denomination)   Hindu  Jewish   Muslim   Sikh  No religion/faith   Other   *Please specify:*  Prefer not to say  |
| **Disability** | | **Ethnicity** | | |
| **Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last for at least 12 months?**  No   Yes, limited a lot   Yes, limited a little   Prefer not to say   *If yes, please specify briefly:* | | **Asian** or British Bangladeshi   **Asian** or British Chinese   **Asian** or British Indian   **Asian** or British Pakistani   \*Any other Asian background   **Black** or British African   **Black** or British Caribbean   \*Any other black background  **Mixed** White and Black African   **Mixed** White and Asian   **Mixed** White and Black Caribbean   \*Any other mixed background   **White** English/Welsh/Scottish/Northern Irish/British   **White** Gypsy or Irish Traveller   **White** Irish   \*Any other white background   Other  *Please specify:*  Prefer not to say  | | |

**Thank you for completing this form**