**Employment Application Form**

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| Post applied for: |  **593. Community Navigator (Mental Health)**  |
| Where did you see this post advertised? | (Please specify which website or publication): |
| Please complete all pages of this form **including** the Equal Opportunities and Disability Monitoring page at the end of the form. |
| **Personal** |
| First / other names: |  | Preferred name: |  |
| Surname / family name: |  |
| Address: |  |
|  |
| 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: | * Supporting in brand promotion and in-store services
* Providing customer support and advice
* Hosting in-store events
* Co-ordinating with brand representatives for events
* Administration of customer details and service appointment booking.
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| Reason for leaving: |  |
| **Previous employment** |
| **Dates:** | **Job title with brief description of duties:** | **Employer:** | **Reason for Leaving:** |
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| **Experience, skills and knowledge** |
| Use this section to demonstrate how you meet the selection criteria in the Person Specification. \*\* **The information provided in this section will be used against the job criteria to shortlist candidates**\*\***: Essential (E) Desirable (D)** |
| A minimum of 1 years’ employment working in health, social care or information and advice, in direct contact with service users. Ideally within a Mental Health setting. (E) |
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| Working with challenging or vulnerable patients who present with multiple or complex needs or risk history. (E) |
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| Assessing clients’ needs and potential risks. (E) |
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| Working within a small service within a wider organisation, including delivering a service specification and targets. (E) |
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| Evidence of good interpersonal skills to build rapport with people from a wide range of backgrounds. (E) |
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| Establish and maintain constructive working relationships with a wide range of people. (E) |
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| IT (MS Outlook, Word and Excel and internet). (E) |
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| Good literacy and numeracy skills. (E) |
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| Good communication, motivational and negotiation skills. (E) |
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| Understanding the wider health and wellbeing needs of people, including those from culturally diverse communities. (E) |
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| Multi-tasking utilising phone systems, IT & having excellent attention to detail. (E) |
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| Experience of person-centred planning. (D) |
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| Using a dedicated database/system for recording of and reporting service data. (D) |
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| Knowledge of local community activities and services. (D) |
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| Knowledge of Mental Health care services and pathways. (D) |
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| Level 3 Social Care or equivalent qualification. (D) |
| **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: |  |
|  |  |
|  |  |
| Email: |  | Email: |  |
| Tel no: |  | Tel no: |  |
| Relationship of referee to you:  | Relationship of referee to you:  |
|  |  |
| May we contact this referee before interview? |  | May we contact this referee before interview? |  |
| **Other** |
| **DBS clearance and criminal convictions:** |
| *Working at Mind BLMK is subject to satisfactory Disclosure and Barring Service (DBS) clearance. If successful, we will apply for 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* *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 “Head of Human Resources”, Private and Confidential, Addressee only” |
| **Working in the UK**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. |
| Are you entitled to work in the UK? |  |
| **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. |
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| **Additional Information**  |
| * I have a full driving licence and access to a vehicle: Yes \* No \*
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| **Submitting applications**  |
| **Applications completed electronically:** Please email this form to: **recruitment@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/Recruitment****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 Act 2018, 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. |

**Equal Opportunities and Disability Monitoring**

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

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| **Name: Fatou Jallow** |
| **Age group** | **Gender** | **Sexual orientation:** | **Religion/Faith:** |
| r 17 or underr 18-29 r 30-39 r 40-49 r 50-59 r 60-69 r 70 & over r Prefer not to say  | r Female (inc’ Transgender woman) r Male (inc’ Transgender man) r Non Binaryr Prefer not to say Is the gender you currently identify with the same as the gender you were registered with at birth?r *Yes* r *No* | r Bisexual r Gay man r Heterosexual r Lesbian r Other *Please specify:*r Prefer not to say  | r Buddhist r Christian (any denomination) r Hindu r Jewish r Muslim r Sikh r No religion/faith r Other *Please specify:*r 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?**r No r Yes, limited a lot r Yes, limited a little r Prefer not to say *If yes, please specify briefly:*  | r **White** English/Welsh/Scottish/Northern Irish/British r **White** Gypsy or Irish Traveller r **White** Irish r \*Any other white background r **Mixed** White and Black African r **Mixed** White and Asian r **Mixed** White and Black Caribbean r \*Any other mixed background r **Asian**/Asian British Bangladeshi r **Asian**/Asian British Chinese r **Asian**/Asian British Indian r **Asian** /Asian British Pakistani r \*Any other Asian background r **Black**/Black British African r **Black**/Black British Caribbean r \*Any other black background r **Other** Ethnicity *Please specify:*r Prefer not to say  |

**Thank you for completing this form**