

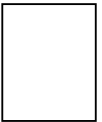


For better
mental health

York and District Mind

Caring and campaigning together for better mental health

Reg. Charity Number 1037603. Registered in England Number 2921142



APPLICATION FOR EMPLOYMENT

Please complete this application form in black ink or by typing it and return it to the office address detailed below no later than the closing date. Please do NOT enclose a CV.

The information you provide on this form will be used for recruitment and selection purposes and will be treated in strict confidence. If you need to use more space, please continue on a separate sheet.

Position Applied for: Sessional Advocate

Closing date: Rolling closing dates

Interviews for both these positions are planned for: To be arranged

Personal Details:			
Title:		Name:	
		Surname:	
Address: (including postcode)			Daytime Tel :
			Evening Tel :
			Mobile Tel:
			Email:
Can we ring you at work/ daytime number?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a full driving licence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have your own transport?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you worked for York and District Mind as an employee or volunteer before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<i>If yes, please provide details:</i>	
Are you related to anyone who works for York and District Mind as an employee or volunteer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<i>If yes, please provide details:</i>	
How much notice do you have to provide your current employer? (If you are not currently employed, state how much notice you would require to commence employment.)			
Job share: Please tick all boxes you are interested to work. If part time, please provide preferred maximum number of hours per week:		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
		<i>Max hours:</i>	

Work History: Please start with your current / most recent position and include any casual and voluntary work.

Company (include name, address & nature of business)	Job Title & Main Duties	Date From	Date To	Final Salary	Reason for Leaving

Education, Qualifications and Training

Name of School, College, University or Training Provider	Dates (From and To)	Course Subject, Qualification & Grade

Membership of Professional Bodies:

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Skills, Knowledge, Abilities and Experience: In this section please explain your reasons for applying. You should use the job description and person specification to explain how your skills, knowledge, abilities and experience are relevant to the position. These may have been gained through paid employment, voluntary / community work, domestic responsibilities, spare time and training activities.

Skills, Knowledge, Abilities and Experience: (please continue here, if required)

Mental Health Awareness: Please state briefly what you understand by the terms (1) mental health problems (2) the causes of mental health problems and (3) available treatments.

(1)

(2)

(3)

References: Please provide the names and addresses of two people (who must NOT be friends or relatives) who can provide a reference in a professional capacity. At least one should be your present employer, or if you are not currently employed, your most recent employer. References will NOT be taken up until an offer of employment has been offered and accepted.

Name:		Name:	
Job Title:		Job Title:	
Company Name & Address:		Company Name & Address:	
Telephone:		Telephone:	
In what capacity does this person know you?		In what capacity does this person know you?	

Additional Information: If you answer “yes” to any of these questions, please provide details on a separate sheet attached to your application. Please note this post is exempt under the Rehabilitation of Offenders Act 1974 Exception Order

Have you ever been cautioned or convicted of a criminal offence*? *Under the Rehabilitation of Offenders Act Exception Order, you must disclose current and spent convictions and cautions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any prosecutions pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a person subject to Immigration Control? If so, we will need to see a current Home Office Work Permit or make enquiries to the Home Office.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If invited to interview, are there any facilities, adjustments or assistance we can provide to facilitate your attendance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many days have you been absent from work in the last 2 years?		

Declaration:

Please check that you have fully completed this form, including the monitoring form, before signing and dating it. In signing this form you agree that the information given is, to the best of your knowledge, accurate, complete and true. You also accept that supplying false or misleading information, or knowingly withholding information, may result in any subsequent job offer being withdrawn. Please let us know if you require any special adjustments for the interview.

Please be aware that any offer of employment is subject to satisfactory completion of a medical questionnaire, confirmation of the right to live and work within the UK and a Standard Disclosure through the Criminal Records Bureau.

Signed:		Dated:	
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Please include the Equal Opportunities monitoring form with your completed application form, and return addressed: **Private and Confidential; The Recruitment Admin, York and District Mind, 9 Castlegate, York YO1 9RN** or by ‘Private and confidential’ email to: office@yorkmind.org.uk