# MIND_Havant and East Hants_Stack

# Application Form

Please complete this accurately, giving as much detail as possible of your skills and experience

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title of post applied for** | | **HEH Mind, Mental Health Ambassador (volunteer)** | | | | |
| **Advertisement seen in** | |  | | | | |
| **Surname or family name** | | | **First or other names** | | | |
|  | | |  | | | |
| **Address** | | | | | | |
|  | | | | | | |
| **Email Address** |  | | | | | |
| **Home Tel** |  | | | | | |
| **Mobile No** |  | | | | **Work Tel** |  |
| **Do you have the right to work in the UK? Yes / No\*** *(\* - delete as applicable)*  Note: we will require proof of this right before an offer of employment can be confirmed. | | | | | | |
| **Do you have access to your own car? Yes / No\*** *(\* - delete as applicable)*  (see person specification for need) | | | | | | |
| **If offered a volunteering opportunity, when could you start?** | | | | | |  |
|  | | | | | | |
| **EDUCATIONAL, TECHNICAL & PROFESSIONAL QUALIFICATIONS**  (please provide details of all qualifications below, if necessary, please continue on a separate sheet) | | | | | | |
| *Place of study/professional body* | | | *Attainment level/results* | | | |
|  | | |  | | | |
| **PERSONAL DEVELOPMENT** (including any courses, membership, voluntary work or responsibilities you consider relevant with outcomes where applicable, if necessary, please continue on a separate sheet) | | | | | | |
| *Provider* | | | | *Type of development* | | |
|  | | | |  | | |

*document1/03/07/2018*

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| **EMPLOYMENT HISTORY (voluntary and paid)**  Please give details of all posts held since leaving full-time education and account for any gaps in employment. (if necessary, please continue on a separate sheet) | | | | | | | |
| **Present Or Last Employer** - *Please provide name and address* | | | | | | | |
|  | | | | | | | |
| Dates employed | To | |  | From | |  | |
| Position(s) held |  | | | | | | |
| Brief description of duties and key achievements | | | | | | | |
|  | | | | | | | |
| Reason for leaving | |  | | | current salary | | £ |
| Notice required | |  | | | | | |
|  | | | | | | | |
| **Previous Employer** - *Please provide name and address* | | | | | | | |
|  | | | | | | | |
| Dates employed | To | |  | From | |  | |
| Position(s) held |  | | | | | | |
| Brief description of duties and key achievements | | | | | | | |
|  | | | | | | | |
| Reason for leaving | |  | | | | | |
|  | | | | | | | |
| **Previous Employer** - *Please provide name and address* | | | | | | | |
|  | | | | | | | |
| Dates employed | To | |  | From | |  | |
| Position(s) held |  | | | | | | |
| Brief description of duties and key achievements | | | | | | | |
|  | | | | | | | |
| Reason for leaving | |  | | | | | |
|  | | | | | | | |
| **Previous Employer** - *Please provide name and address* | | | | | | | |
|  | | | | | | | |
| Dates employed | To | |  | From | |  | |
| Position(s) held |  | | | | | | |
| Brief description of duties and key achievements | | | | | | | |
|  | | | | | | | |
| Reason for leaving | |  | | | | | |
|  | | | | | | | |
| Do you have any other work commitments, either paid or unpaid, which you would wish to continue with if offered a volunteering opportunity by Havant & East Hants Mind? **Yes / No \*** *(\* - delete as applicable)* | | | | | | | |

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| **Skills, abilities and experience**  Please use this section to demonstrate why you think you would be suitable for the role by reference to the role description and person specification (and by giving examples and case studies). Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. Attach and label any additional sheets used. | | | | |
| References Please give the name and address of the persons to whom Havant & East Hants Mind could apply for a reference. One of the persons must be your present employer, or last employer if currently unemployed, or someone who knows you well if you have not been employed in the recent past.  **We will not contact references without your permission** | | | | |
| **Name:** | | **Name:** | | |
|  | |  | | |
| **Address:** | | **Address:** | | |
|  | |  | | |
| **Tel. No:** | | **Tel No:** | | |
| **Email:** | | **Email:** | | |
| **Occupation:** | | **Occupation:** | | |
|  | |  | | |
| **In what capacity are you known to them?** | | **In what capacity are you known to them?** | | |
|  | |  | | |
| References will only be contacted after a volunteering opportunity offer has been made | | | | |
| Please indicate if there are times you are unable to attend interviews  (ie. 9am-12pm, 1-5pm, 5-7pm and or certain days): | | | | |
| **CRIMINAL OFFENCES**  All convictions, including convictions which would otherwise be “spent” under the Rehabilitation of Offenders Act 1974, must be disclosed for the purposes of this job application. Havant & East Hants Mind will determine the relevance of any convictions to the role applied for. If appointed to the position for which you are applying you will be required to apply for a CRB Disclosure at the level appropriate to the role.  Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. However, if appointed, failure to disclose any criminal conviction now could lead to termination of your volunteering role. Additional information will be made available to shortlisted candidates.  **Have you ever been convicted of a criminal offence? Yes / No\*** *(\* - delete as applicable)* *If Yes, please give details on a separate page and enclose in a separate envelope* | | | | |
| **I confirm that the above information is correct to the best of my knowledge. I consent to Havant & East Hants Mind processing, by means of a computer database or otherwise, any information I provide them for the purpose of volunteering for/ with Havant & East Hants Mind.**  Note: This information will only be used for selection purposes. Unsuccessful applications will be kept for 12 months after the recruitment process is completed. | | | | |
| **NAME** |  | | **DATE** |  |
| **You can return this application form by post to:**  **Havant & East Hants Mind**  **Leigh Park Community Centre, Dunsbury Way, Havant, Hants, PO9 5BG**  **Or Email to: mikel@easthantsmind.org** | | | | |

**Equal Opportunities Monitoring Form**

Havant & East Hants Mind is an equal opportunities employer and as such we ask all candidates (paid and voluntary) to complete and return this Equal Opportunities Monitoring Form with your Application Form. This form may also be returned in a separate envelope if preferred. The data gathered will help Havant & East Hants Mind monitor the effectiveness of its equal opportunities policies and procedures and will be held in accordance with the Data Protection Act 1998. By completing this form you agree to Havant & East Hants Mind holding and processing the data below for its legitimate business reasons outlined above.

**This sheet will be detached before your application is considered. Any information given will be held in strict confidence and will not affect your application. We ask for your co-operation in completing this sheet as much as you can.**

**Please complete or put a tick () in all relevant boxes**

***Job Details***

|  |  |
| --- | --- |
| *Role Applied For:* |  |

***Disability***

(The Disability Discrimination Act defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities)

Do you consider that you have a disability or long-term medical condition

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Yes* |  | *No* |  | *I Prefer not to say* |  |

If *yes* please tick all the boxes that apply to you

|  |  |
| --- | --- |
| *Deaf or severely hearing impaired* |  |
| *Blind or severely visually impaired* |  |
| *A condition that makes it very difficult for you to do basic activities like walking, climbing stairs, lifting or carrying* |  |
| *A long-term psychological or emotional condition, such as depression* |  |
| *A learning difficulty (such as dyslexia or Down’s syndrome) or cognitive difficulties (such as autism or a head injury)* |  |
| *Any other long-term condition such as diabetes or epilepsy. Please specify* |  |
| *Would you need any adjustments to be made to carry out this role?* ***Yes / No*** *(if yes please give details)* | |

***Sexual Orientation***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Which of the following best describes how you think of yourself?* | | | | | | | |
| *Bisexual* |  | *Gay Man* | |  | | *Gay Woman/Lesbian* |  |
| *Heterosexual/Straight* |  | *Other (please specify if you wish)* | |  | | *I prefer not to say* |  |
| *Do you regard yourself as transgender? (A transgender person lives or wants to live full-time in the gender that is not the one they were born with).* | | | | | | | |
| *Yes* |  | *No* |  | | *I prefer not to say* | |  |

***Ethnicity***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Which is your ethnic group? Choose* ***ONE*** *Section from A to F, then tick the appropriate box to indicate your cultural background* | | | | | |
| 1. ***White*** | | 1. ***Mixed or multiple ethnic groups*** | | 1. ***Asian or Asian British*** | |
| *English, Welsh, Scottish, Northern Irish or British White Irish* |  | *White and Black Caribbean* |  | *Bangladeshi* |  |
| *Irish* |  | *White and Black African* |  | *Indian* |  |
| *Any other White Background (please specify)* |  | *White and Asian* |  | *Pakistani* |  |
|  |  | *White and Chinese* |  | *Any other Asian background (please specify)* |  |
|  |  | *Any other mixed background*  *(please specify)* |  |  |  |
| 1. ***Black or Black British*** | | 1. ***Chinese, Arab or other Ethnic Group*** | | 1. ***I prefer not to say*** |  |
| *Black or Black British Caribbean* |  | *Chinese* |  |  |  |
| *Black or Black British African* |  | *Arab* |  |  |  |
| *Any other Black Background*  *(please specify)* |  | *Any other Ethnic Group*  *(please specify)* |  |  |  |

***Religion***

|  |  |  |  |
| --- | --- | --- | --- |
| *What is your Religion (ie: Christian, Jewish, Muslim, etc)* | | | |
|  | | | |
| *None* |  | *I prefer not to say* |  |

SIGNED.....................................................................................................DATE:……………………………………………………………..