

APPLICATION FOR EMPLOYMENT

NOTE: Do not include a curriculum vitae with this application as it will not be considered

VACANCY DETAILS	
Post Applied for:	
Closing Date:	see covering letter
Where did you hear of this vacancy	

PERSONAL DETAILS	
Name:	
Address:	
Post Code:	
Tel (Home):	
Tel (Work):	(if we may contact you there)
Tel (Mobile):	
Email Address:	

Do you have a current driving licence	No <input type="checkbox"/> Provisional <input type="checkbox"/> Full <input type="checkbox"/>
Have you any current endorsements	* Yes / No
(* If yes, give details)	

WORK PERMITS	
Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?	Yes / No
If you are successful in your application would you require a work permit to work in the UK	Yes / No

<i>For official use only</i>	Candidates Reference No: <input style="width: 50px;" type="text"/>
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LANGUAGES (if appropriate to post)	
Apart from English, do you speak another language? (if yes, please specify language and level of fluency)	Yes / No
Language	Level of Fluency (basic/intermediate/ fluent/native)

HEALTH	
Are you in good health	Yes / No
Are there any health difficulties which may affect your application	*Yes / No
(* If yes, give details)	
<p>Health in Mind will request details from Medical Practitioners / Occupational Health concerning the state of health of employees only when that information is considered essential for employment purpose. Employees will be fully informed of their rights of access to any such reports.</p>	
I declare that I am physically and mentally fit for the purpose of the work.	_____ Signature
How many sick days have you had in the past year?	

REHABILITATION OF OFFENDERS ACT 1974	
Have you ever been convicted of a criminal offence? (declaration subject to the Rehabilitation of Offenders Act 1974)	*YES / NO
(* If yes, give details)	

EQUAL & DIVERSITY MONITORING
<p>Health in Mind aims to provide equal opportunities and fair treatment for all staff and volunteers. Please complete the attached form and return it with your application form. The information is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998. We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in the community. The information will be used to provide an overall profile of our employees.</p>

EMPLOYMENT – Please explain any gaps in employment. (Begin with the most recent and include both paid and unpaid)				
Employers Name and Address	Dates		Job Title and brief details of responsibilities	Reason for leaving & final salary
	From	To		

EDUCATION AND TRAINING (including in-service training)				
From	To	Establishment	Course of Study (state whether full-time or part-time)	Qualification gained and level of pass (if applicable)

MEMBERSHIP OF PROFESSIONAL BODIES		
Name of Professional Body	Date of Membership	Status

Please use this section to describe why you are interested in this post and the skills, interests and experience you could bring. Please consider the Person Specification for the post in preparing your response.

Please continue on a separate sheet if necessary.

REFERENCES		
Please give details of two references at least one of whom should be your current / most recent employer. References will be taken up for short-listed candidates.		
	Reference 1	Reference 2
Name		
Relationship to applicant		
Address		
Tel No:		
Email address:		
May we request a reference prior to interview?	YES / NO	YES / NO

DECLARATION

I declare that the information on the form is accurate and truthful.

Signature Date

Please return application to:

Maureen Smith
 HR Manager
 Health in Mind
 40 Shandwick Place
 Edinburgh
 EH2 4RT

Tel: 0131 225 8508
 Fax: 0131 220 0028
 Email: hr@health-in-mind.org.uk

www.health-in-mind.org.uk

EQUALITY AND DIVERSITY MONITORING

Post applied for: _____

ETHNICITY

What is your ethnic group? The categories below are based on Scotland's official ethnicity classifications.

White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy / traveller
- Polish
- Any other white ethnic group (please write in) _____

Mixed or multiple ethnic group

- Any mixed or multiple ethnic groups (please write in) _____

Asian, Scottish Asian or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other (please write in) _____

African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other (please write in) _____

Other ethnic group

- Arab
- Other (please write in) _____
- Rather not say

AGE

Date of Birth _____

Rather not say

DISABILITY

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental health difficulty and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

Yes No Rather not say

GENDER

Male Female
Transgender F to M M to F Rather not say

FAITH

Which group below do you most identify with?

No religion Baha'i Buddhist
 Christian Hindu Jain
 Jewish Muslim Sikh
 Other (please write in) _____ Rather not say

SEXUAL ORIENTATION

How would you describe your sexual orientation?

Bisexual Gay man Heterosexual or 'straight'
 Lesbian Other Rather not say

Today's date: _____

Thank you for completing this form.

Please send the completed form:

by email: hr@health-in-mind.org.uk

by post: Maureen Smith, HR Manager, Health in Mind, 40 Shandwick Place, Edinburgh, EH2 4RT