



APPLICATION FOR EMPLOYMENT

Do not include a CV with this application as it will not be accepted. Applications received after the closing date/time will not be considered.

Post applied for:	
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Where did you hear of this vacancy:	
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PERSONAL DETAILS

First Name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Telephone	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>

EMPLOYMENT HISTORY

Starting with the most recent please give details of your previous employment. Please indicate if these are full-time, part time, casual or voluntary roles and account for any gaps in your employment history.

Employers Name and Address	<input type="text"/>	
Date Employed From	<input type="text"/>	Date Employed To <input type="text"/>
Job Title and brief details of responsibilities	<input type="text"/>	
Reason for leaving and final salary	<input type="text"/>	

Employers Name and Address

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Reason for leaving and final salary

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
(If registered with the SSSC under which category are you registered).

Name of Professional Body	Date of Membership & Membership Number	Status

LANGUAGES

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)

ADDITIONAL INFORMATION

Are you eligible to work in the UK? Yes No

If yes, please give details. (UK Citizen, Visa Arrangements etc)

If you are selected for interview you will be asked to provide evidence that you have the legal right to work in the UK

Have you lived outside the UK for at least three consecutive months in the past ten years? Yes No

If yes, please give details.

Are you a member of the PVG Scheme? Yes No

If yes, is this in respect of regulated work with adults children both

Please note that our office in Shandwick Place does not have a lift and is situated on the second and third floors.

If you are invited for an interview and have any additional requirements, please give details.

Please use this section to describe why you are interested in this post and the knowledge, skills and experience you could bring. Please consider the Person Specification for the post in preparing your response (refer to Guidance Notes for further information).

Blank response area for describing interest and skills.

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 candidates successful at interview.		
	Reference 1	Reference 2
Name		
Relationship to applicant		
Address		
Tel No:		
Email address:		

EQUALITY & DIVERSITY MONITORING

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

DECLARATION

I declare that the information given on this form is, to the best of my knowledge, true and complete.

Signature Date

Please return application to:

Annmarie Mitchell
 HR/Admin Assistant
 Health in Mind
 40 Shandwick Place
 Edinburgh
 EH2 4RT

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

www.health-in-mind.org.uk

EQUALITY AND DIVERSITY MONITORING

Health in Mind is committed to promoting diversity in all areas of our work. The information you provide on this form will be used to monitor our Equality & Diversity Policy. Monitoring is essential to ensure that the policy is being implemented effectively and we would therefore be grateful if you would provide the information requested below.

Please note that this form is separated from the rest of the application when we receive it and this information will be held in confidence and will not be used in any part of the selection process.

POST APPLIED FOR _____

ETHNICITY

What is your ethnic group? Choose **one** section from A to E, then tick **one** box which best describes your ethnic group or background.

A White

- | | | |
|--|----------------------------------|--------------------------------|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> English | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Gypsy /Traveller | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Any other white ethnic group, please write in _____ | | |

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in _____

C Asian, Asian Scottish 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 _____

D 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 _____

E Other ethnic group

- Arab
- Other, please write in _____
- I do not wish to disclose this information

Please complete both sides of the form

AGE

Date of Birth _____

Rather not say

GENDER

Male

Female

Transgender

Rather not say

Other, please write in _____

DISABILITY

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

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

Yes

No

Rather not say

RELIGION AND BELIEF

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

Rather not say

Other, please write in _____



SELF DECLARATION FORM

For posts that require PVG membership or a Standard Disclosure

Under the Rehabilitation of Offenders Act (Exclusions and Exceptions) (Scotland) Amendment Order 2016 applicants are required to disclose any unspent convictions or cautions and any spent convictions contained in a list of offences that must always be disclosed (please refer to Disclosure Scotland's website to determine which offences, if any, you should declare).

Do you have any unspent convictions?

Yes No

Do you have any spent convictions?
(contained in the list of offences that must always be disclosed)

Yes No

If yes, please provide details including the type of offence, the date of the conviction and the sentence passed.

For posts that require a Basic Disclosure check please only declare unspent convictions:

Do you have any unspent convictions?

Yes No

If yes, please provide details including the type of offence, the date of the conviction and the sentence passed.

Declaration

I declare that the information I have given on this form is true to the best of my knowledge.

NAME: _____

SIGNATURE: _____

DATE: _____

The information contained in this form will be treated in accordance with Health in Mind's Data Protection Policy.

Please return this form to:

Annmarie Mitchell, HR/Admin Assistant, Health in Mind, 40 Shandwick Place, Edinburgh
or email: annmarie@health-in-mind.org.uk