



## 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.

<b>Post applied for:</b>	
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<b>Where did you hear of this vacancy:</b>	
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### PERSONAL DETAILS

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

<b>Employers Name and Address</b>	<input type="text"/>
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<b>Date Employed From</b>	<input type="text"/>	<b>Date Employed To</b>	<input type="text"/>
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<b>Job Title and brief details of responsibilities</b>	<input type="text"/>
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<b>Reason for leaving and final salary</b>	<input type="text"/>
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<i>For official use only</i>	Candidates Reference No:
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**Employers Name and Address**

**Date Employed From**

**Date Employed To**

**Job Title and brief details of responsibilities**

**Reason for leaving and final salary**

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**Date Employed From**

**Date Employed To**

**Job Title and brief details of responsibilities**

**Reason for leaving and final salary**

**EDUCATION AND TRAINING (including in-service training)**

<b>From</b>	<b>To</b>	<b>Establishment</b>	<b>Course of Study</b> (state whether full-time or part-time)	<b>Qualification gained and level of pass</b> (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 six 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).

A large, empty rectangular box with a thin black border, intended for the applicant to write their 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 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 General Data Protection Regulations. 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. By signing this form you are providing consent to your data being used in line with Health in Mind's Privacy Policy.

Signature ..... Date .....

Please return application to:

Annmarie Mitchell  
HR Administrator  
Health in Mind  
40 Shandwick Place  
Edinburgh EH2 4RT

Tel: 0131 225 8508  
Fax: 0131 220 0028  
Email: [annmarie.mitchell@health-in-mind.org.uk](mailto:annmarie.mitchell@health-in-mind.org.uk)

[www.health-in-mind.org.uk](http://www.health-in-mind.org.uk)

Charity Registered in Scotland - Number SC004128  
(A Company Limited by Guarantee)  
Company No: 124090



## EQUALITY AND DIVERSITY MONITORING FORM

Health in Mind is committed to equality of opportunity both as an employer and as a service provider and recognises the value that a diverse workforce can bring. To assist us to monitor the effectiveness of our equality and diversity practices we would encourage you to complete this monitoring form. This form will be separated from your application form prior to the selection process. The information you provide will be treated as sensitive data under the Data Protection Act 2018.

Please tick the relevant box in each section or complete details as appropriate.

What is your age?	
Under 20	<input type="checkbox"/>
20-29	<input type="checkbox"/>
30-39	<input type="checkbox"/>
40-49	<input type="checkbox"/>
50-59	<input type="checkbox"/>
60+	<input type="checkbox"/>
Choose not to disclose	<input type="checkbox"/>

Do you consider yourself to have a 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.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Choose not to disclose	<input type="checkbox"/>

What is your gender?	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Other (please state)	
Choose not to disclose	<input type="checkbox"/>

What is your sexual orientation?	
Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>
Other (please state)	
Choose not to disclose	<input type="checkbox"/>

What is your religion or belief?	
None	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Any other religion or belief (please state)	
Choose not to disclose	<input type="checkbox"/>

What is your ethnic group?	
Choose <b>one</b> section A-G, then tick <b>one</b> box which best describes your ethnic group or background:	
<b>A – White:</b>	
Scottish	<input type="checkbox"/>
English	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Other British (please state)	
Irish	<input type="checkbox"/>
Gypsy / Traveller	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Other white ethnic group (please state)	
<b>B – Mixed or multiple ethnic group:</b>	
Any mixed or multiple ethnic group (please state)	



<b>C – Asian, Asian Scottish or Asian British:</b>	
<b>Pakistani, Pakistani Scottish or Pakistani British</b>	<input type="checkbox"/>
<b>Indian, Indian Scottish or Indian British</b>	<input type="checkbox"/>
<b>Bangladeshi, Bangladeshi Scottish or Bangladeshi British</b>	<input type="checkbox"/>
<b>Chinese, Chinese Scottish or Chinese British</b>	<input type="checkbox"/>
<b>Other</b> (please state)	

<b>D – African:</b>	
<b>African, African Scottish or African British</b>	<input type="checkbox"/>
<b>Other</b> (please state)	

<b>E – Caribbean or Black:</b>	
<b>Caribbean, Caribbean Scottish or Caribbean British</b>	<input type="checkbox"/>
<b>Black, Black Scottish or Black British</b>	<input type="checkbox"/>
<b>Other</b> (please state)	

<b>F – Other ethnic group:</b>	
<b>Arab, Arab Scottish or Arab British</b>	<input type="checkbox"/>
<b>Other</b> (please state)	

<b>G – Choose not to disclose:</b>	
<b>Choose not to disclose</b>	<input type="checkbox"/>



## SELF DECLARATION FORM

Declaring Convictions – Scotland

The Rehabilitation of Offenders Act (Exclusions and Exceptions) (Scotland) Amendment Order 2018

The post that you have applied for requires a basic, standard or enhanced disclosure or is one where your normal duties include regulated work and requires a PVG disclosure in accordance with at least one of the following pieces of legislation:-

- Rehabilitation of Offenders Act 1974 (Exceptions) order 1975 (as amended)
- Exclusions and Exceptions (Scotland) Order 2013 (as amended)
- Protection of Vulnerable Groups (Scotland) Act 2007 (as amended)
- Police Act 1997 (as amended)

You are therefore required to disclose certain convictions or admonishments together with any other relevant non conviction information as requested below. Having a criminal conviction will not necessarily prevent you from working or volunteering for the organisation, it will depend on the nature of the position you are applying for and the circumstances and background of the offence(s).

### UNSPENT CONVICTIONS (You must complete this section).

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.**

### SPENT CONVICTIONS

This section should only be completed if you will be applying for a standard, enhanced or PVG disclosure. Do not complete this section if you are applying for a basic disclosure.

Please refer to Disclosure Scotland's website for guidance on determining which offences, if any, you should declare. This guidance relates to convictions or admonishments in Scotland. If you have any vetting information from England, Wales or Northern Ireland, you should refer to that country's guidance on what to disclose

Do you have any spent convictions?

Yes  No

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

## OTHER INFORMATION

Have you ever been subject to formal disciplinary procedures or been dismissed from a previous employment or voluntary position or resigned from a position pending disciplinary investigations taking place?

Yes

No

*If yes, please give details in a separate letter.*

### Data Protection

All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance.

Please refer to Health in Mind's Privacy Policy on our website: [www.health-in-mind.org.uk](http://www.health-in-mind.org.uk)

### Declaration

I certify that the information contained in this form is true and complete to the best of my knowledge and belief. I understand that any false information or omission in the information I have given may lead to the immediate suspension or termination of my volunteering or employment with the organisation.

I confirm that I have read and understood this declaration.

Full name	
Signed	
Date	

### Please return this form to:

Annmarie Mitchell, HR Administrator, Health in Mind, 40 Shandwick Place, Edinburgh  
or email: [annmarie.mitchell@health-in-mind.org.uk](mailto:annmarie.mitchell@health-in-mind.org.uk)