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| **Candidate reference number** |  |

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| **Vacancy reference:** | **RETURN TO**  *MhIST, 1st Floor, Moorland House, 116 Bark Street, Bolton. BL1 2AX*  *OR to*  *jobs@mhist.co.uk* |
| Young Women Support Worker |

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| **Personal details** | | | | | | | | | | | |
| **Title** | (Mr/Mrs/Miss/Ms/Dr/Other) | | | | | | | | | | |
| **Surname** |  | | **Forename** | | | |  | | | | |
| **Address** |  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | **Postcode** | | | |  | | | | |
| **Home Tel No.** |  | | **Work Tel No.** | | | |  | | | | |
| **May we contact you at work?** | | **Yes** |  | | **No** |  |
| **Email** |  | | | | | | | | | | |
| **Where did you see the vacancy advertised?** | | | |  | | | | | | | |
| **Do you require a work permit to work in the UK?** | | | | | | | | **Yes** |  | **No** |  |

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| **Current or most recent employer** | | | | | | | | |
| **Name** | |  | | | | | | |
| **Address** | |  | | | | | | |
|  | | | | | | |
|  | | | **Postcode** | |  | |
| **Tel No.** | |  | | | | | | |
| **Position held** | |  | | | **Salary** | |  | |
| **Duties** | |  | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Start date** |  | | **End date** |  | | **Notice period** (if applicable) | |  |

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| **Previous employment – please give most recent first**  Please give details of employment (paid or unpaid) over the last 10 years | | | | |
| **Name and nature  of business** | **Dates** | | **Position held** | **Reason for leaving** |
| **From** | **To** |
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| **Education – please give most recent first**  Please give details of all qualifications obtained, along with grade and date achieved | | | | |
| **Name and address of school/college/university** | **Dates** | | **Course details and exam results** | **Date obtained** |
| **From** | **To** |
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| **Professional qualifications – please give most recent first**  Please give details of all qualifications currently held or working towards | | | | |
| **Professional body /college/university** | **Dates** | | **Course details and exam results** | **Date obtained** |
| **From** | **To** |
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| **Specialised training or course attended –** please give most recent first | | | |
| **Course taken** | **Organised by** | **Location** | **Date** |
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| **Membership of professional bodies**  Please give details of membership or any professional duties | | | |
| **Name of  professional body** | **Level type of membership** | **Registration details**  **(e.g. UKCC)** | **Expiry date** |
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| **Supporting Information –** Please refer to guidance notes |
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| **References**  Please give details of two professional referees; one must be your current or most recent line manager or school/college. References from family and friends are not acceptable | | | |
| **Name** |  | **Name** |  |
| **Job title** |  | **Job title** |  |
| **Organisation** |  | **Organisation** |  |
| **Address** |  | **Address** |  |
| **Postcode** |  | **Postcode** |  |
| **Tel No.** |  | **Tel No.** |  |
| **Email** |  | **Email** |  |

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| **Declaration of health** | | |
| People with a disability or a health condition are entitled by law to 'reasonable adjustments' during the interview process. We are interested in any disability or health condition that may require such a reasonable adjustment.  **What adjustments do you require in order to attend an interview?** | | |
|  | | |
| **Do you consider yourself to have a disability?** | **YES** | **NO** |
| **Do you regard yourself as having a mental health problem?** | **YES** | **NO** |
| **How many episodes of absence due to sickness have you had over the past two years?** | **Episodes** | **Total days** |
|  |  |
| **Do you have any health problems that a prospective employer should be aware of?** | **YES** | **NO** |
| **If ‘Yes’, please give details below** | | |
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| **Disclosure** | | |
| Due to the nature of the post for which you are applying, it is regarded as exempt from the provisions of the ‘Rehabilitation of Offenders Act 1974’, by virtue of the ‘Rehabilitation of Offenders Act 1974 (EXCEPTIONS) (AMENDMENT) ORDER 2001’. All applicants must tell us about sentences or convictions that for other purposes would be considered to be “spent” under the provisions of the Act. In the event of employment, any failure to disclose such sentences or convictions could result in dismissal or other disciplinary action.  Any information given will be treated as confidential and considered only in relation to this application. At interview, or in a separate discussion, MhIST will ensure that an open discussion will take place on the subject of any offences or other matters that might be relevant to this vacancy.  Applicants who are offered employment or work that involves contact with vulnerable people will be subject to a criminal record check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions. | | |
| **Do you have any criminal records to declare?** | **YES** | **NO** |
| **Are there any current proceedings against you?** | **YES** | **NO** |
| **If ‘Yes’, please give details below** | | |
| |  | | --- | | **Declarations** | | Please ensure you sign and date this declaration before returning your application form.  **DATA PROTECTION ACT DECLARATION** – The information on the application form will be entered onto a computer system and as such is covered by the rules set out by the Data Protection Act 1998.  I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in  dismissal or other disciplinary action if I am appointed. If the form is emailed, we will  consider this as a signature.  **Signed** ……………………………………………………………….. **Date** …………………………… | | | |

Equal opportunities monitoring

# This document will not be considered for short-listing purposes

MhIST is committed to the implementation of its Equal Opportunities Policy in all aspects of its work, including the recruitment, promotion and training of staff and the delivery of services.

It would assist us greatly if you would complete the monitoring form so that we can monitor the effectiveness of our Equal Opportunities Policy and to find out whether there are any particular minority needs within our workforce. Please return this form even if you do not intend to return your application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | (Mr/Mrs/Miss/Ms/Dr/Other) | | |
| **Surname** |  | **Forename** |  |
| **Date of Birth** |  | **Gender** | Male / Female |

Please tick the boxes that you feel most comfortable with. If you do not feel any of the boxes are appropriate, please tick ‘other’ and describe in your own words. (🗸 )

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| **Cultural Background** | | | |
| White | | Black or Black British | |
|  | British |  | Caribbean |
|  | Irish |  | African |
|  | Other White, describe below |  | Other Black, describe below |
| Asian or Asian British | | Mixed | |
|  | Indian |  | White and Black Caribbean |
|  | Pakistan |  | White and Black African |
|  | Bangladeshi |  | White and Asian |
|  | Other Asian, describe below |  | Other Mixed, describe below |
| Chinese or Other Ethnic Group | | Undisclosed | |
|  | Chinese |  | Do not wish to answer |
|  | Any other, describe below | | |
|  | | | |

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| **Religion and belief** | | | |
|  | Buddhist |  | Sikh |
|  | Christian |  | No Religious Belief |
|  | Hindu |  | Do not wish to answer |
|  | Jewish |  | Other religion/belief, describe below |
|  | Muslim |



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| **Disability and Mental Health** | | |
| Do you consider yourself to have a sensory, learning or physical disability? | YES | NO |
| Do you consider yourself to have a disability related to your mental health? | YES | NO |
| Have you personally used mental health services? | YES | NO |

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| **Sexual Orientation** | | | |
|  | Heterosexual |  | Homosexual |
|  | Bisexual |  | Do not wish to answer |

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| **Caring Responsibilities** | | | |
| Do you look after someone from any of the following groups? | | | |
|  | A child |  | An adult |
|  | Someone with a sensory, learning or physical disability | | |
|  | Someone with a disability related to his/her mental health | | |
|  | Not a carer | | |
|  | Do not wish to answer | | |
|  | Other, please specify | | |
|  | Have you used carers’ services? | | |

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| --- | --- | --- | --- |
| **Transgender** | | | |
|  | Yes |  | No |
|  | Do not wish to answer |

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| **Data protection** |
| The information will be kept in a database in accordance with the provisions of the Data Protection Act 1998 (which allows for sensitive personal data to be held where necessary to monitor organisations Equal Opportunities Policy). Access to information that identifies individuals will be strictly restricted and used only for implementation of Equal Opportunities policies. Employees have the right to check that information held about them is correct. |

guidance notes

# For applicants on completing the application form

Please note that the application form provides all the information that will be used to determine whether you will receive an interview. As a result, please take time and care when completing your application form to ensure that it properly reflects your skills and abilities.

|  |  |
| --- | --- |
| 1 | This application form should be completed in black ink or type, so that the form may be easily photocopied. |
| 2 | Please do not send a CV. To ensure equality of the information provided all applications are requested to complete an application form. |
| 3 | Read through each section of the application form carefully before completing. |
| 4 | Please complete all sections of the form thoroughly, if a section of the form is not relevant or does not apply to you, please state on the form, for example “N/A” (not applicable). |
| 5 | In the sections regarding current and previous employment and education qualifications, please be factual and accurate. |
| 6 | ***Supporting Information*** *–* having considered the job description and person specification, this section encourages applicants to further demonstrate their appropriate experience, skills and abilities and how they relate to the role, gained either as paid, unpaid employment or voluntary capacity.  For example a requirement might be ‘Working as Part of a Team’ – in this case you could describe things you have done in previous work (paid or voluntary) or through life experience which demonstrates you can work as a team member and how you meet the requirements listed in the job description. |
| 7 | *Equal Opportunities Monitoring Form* – all applicants are asked to complete this section. This information will be detached from the application form prior to  short listing and will be treated confidentially and will be used for monitoring purposes only. |
| 8 | *References* – applicants are requested to give the names of two referees. One must be your current or most recent line manager or school/college, if a student. References from family or friends are not acceptable. Employment is offered subject to the receipt of satisfactory references. |
| 9 | When completed, please read through your application form and ensure that there are no errors or omissions. |
| 10 | Please ensure that the completed application form reaches us by no later than the closing date stated, quoting the appropriate reference number. If your form arrives later than that time it will not be considered. |
| 11 | By submitting this application form via post you are making a clear declaration that the information you have given is correct and complete, and that non-compliance with this requirement for accuracy will be sufficient for cancelling any agreements made, resulting in summary dismissal. |
| 12 | All information contained in this application form will be treated confidentially, and only information relevant to the post will be considered for the purpose of selecting the most suitable applicant. |
| 13 | If you are unhappy about any section of the recruitment process, you may complain in writing to the *MhIST* board. |