

Mind in Camden

# Application Form

# Confidential

Please complete this form clearly in type or black ink and return to:

Mind in Camden Recruitment, Barnes House, 9-15 Camden Road, London NW1 9LQ or by email to [recruitment@mindincamden.org.uk](mailto:recruitment@mindincamden.org.uk)

If the form is not legible, it will not be considered. If you would like an email acknowledgement of receipt of your application please tick here

Application for the post of: TAP Social Prescribing Senior Mental Health Link Worker (35 hours). Temporary until April 2018 with possible extension.

## Closing Date**:** **Wednesday 17th May at 9.30am**

Interview Dates: Wednesday 24th May and Wednesday 31st May 2017

Personal details (please use capital letters)

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Address & Postcode |  |
| e-mail address |  |
| May we contact you via your email address? | Yes / No |
| Telephone numbers (home/mobile/work – ideally more than one) |  |
| When may we contact you by phone e.g. day/evening/anytime? |  |

employment HISTORY

#### A) Please give details of your current or most recent employment.

|  |  |  |
| --- | --- | --- |
| Name and address of employer: | Type of business: | |
| Your job title: | | |
| Your main duties and responsibilities: | | |
| Basic salary p.a: | | |
| Dates of employment: | | Notice period required: |

#### B) Please give details of previous employment beginning with the most recent. You may use a continuation sheet.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| your Job Title | Name and address of employer | Main duties | Dates employed | Reason for leaving |
|  |  |  |  |  |
| Please explain any gaps in your employment history: | | | | |

TRAINING and Qualifications

Please give details of relevant training and qualifications obtained.

|  |  |
| --- | --- |
| Title of training programme/course  and brief description | Certificates/qualifications gained |
|  |  |

##### Professional Association Membership

|  |  |  |
| --- | --- | --- |
| Name of professional association | Year of membership | Grade/level |
|  |  |  |

**Personal statement**

Please complete the sections below. Please use the boxes below and do not use continuation sheets. CVs will not be considered

|  |
| --- |
| Please briefly describe what interests you in this post and your main relevant skills and experience (no more than 500 words) |
| Please could you briefly describe your understanding of some of the important principles of person centred work in relation to social prescribing with people experiencing mental health issues, and what are some of the challenges of working in this way? (no more than 500 words) |
| What is your understanding of equal opportunities and in particular how this applies to people experiencing mental health issues? (no more than 500 words) |

**REFERENCES**

Please provide details of two referees. One referee must be your current (or most recent) employer and the other a previous employer. We would like your references to cover the last three years of employment.

If you have not been in paid employment, your referee may be the head of an educational or training establishment and/or the manager of a voluntary group for which you have worked. Please do not use friends or relatives.

Referees will not be contacted unless you are offered a position at Mind in Camden.

|  |  |  |
| --- | --- | --- |
|  | First Referee | Second Referee |
| Name |  |  |
| Capacity in which they know you |  |  |
| Job Title |  |  |
| Organisation |  |  |
| Address |  |  |
| Telephone |  |  |
| Email |  |  |

**Relatives**

Are you related to, or have friendships with, any of the trustees, management committee observers or staff employed by Mind in Camden? Yes/No *(please delete as appropriate)*

If yes, please state their name and your relationship to them:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**eligibility to work**

|  |
| --- |
| Do you require a UK work permit YES/NO  If yes, please give details: |

**CRIMINAL RECORD CHECK**

|  |
| --- |
| *Our work is with vulnerable adults and we are required to undertake a criminal record check for all posts. This will only be done if you are offered the post.*  Have you had any criminal convictions? Yes/No  Have you had any convictions for abuse, or been the subject of any abuse enquiry or investigation? Yes/No |

**Declaration**

I certify that, to the best of my knowledge, the information I have provided on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or render me liable to dismissal without notice.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**