

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

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: Mental Health Link Worker

## Closing Date**:** **Monday 10th July 2017 at 9.00am**

Interview Dates: Friday 14th July 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, explaining how your experience and skills relate to these aspects of the person specification. Please use the boxes below and do not use continuation sheets. CVs will not be considered

|  |
| --- |
| **What is your understanding of good practice in person centred client work** (max 500 words) |
| What is your understanding of equal opportunities and how it applies to users of mental health services? (max 500 words) |
| What are some of the services typically offered to people with mental health issues in primary care and how do you think support to access to mainstream community services that are not specifically for people with mental health issues could be helpful as an addition to this? (max 500 words) |
| **Other areas of the person specification will be tested at interview. However, is there anything else you would specifically like to add in support of your application?** (max 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 with them:

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

**eligibility to work**

|  |
| --- |
| Do you require a UK work permit YES/NOIf 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/NoHave 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**