



For better  
mental health

**Job Application Form (please write clearly in Black ink or type)**

Title of post  
applied for

Ref:

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

Surname:	Forenames:
Address:	Tel No. (Home):
	Tel No. (Business):
	Mobile No:
	E-mail address:
	National Ins. No:

**EDUCATION & PROFESSIONAL QUALIFICATIONS  
(ORIGINAL DOCUMENTS AS PROOF OF QUALIFICATION WILL BE REQUIRED AT INTERVIEW)**

Secondary Schools; Colleges; University	Dates		Examinations taken	Date	Result
	From	To			

Professional Qualifications currently held: how obtained, grade and date

Other relevant Educational or Training Courses, with dates:

## PRESENT POST

Title of Post:	Salary:
Name & Address of Employer:	Business of Employer
	Date Commenced:
	Date ended (if applicable)
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable)	
Reason for leaving or wishing to leave:	
Period of notice required to terminate present employment:	

## PREVIOUS EMPLOYMENT

Name & Address of Employers	Position held	Dates		Reason for leaving and final grade/salary
		From	To	

## RELEVANT EXPERIENCE

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please use a continuation sheet if necessary.

What activities outside work interest you? (State any positions held you consider relevant)

## OTHER INFORMATION

Do you hold a current driving licence? YES/NO      Do you own a car? YES/NO

Are you related to any trustee or employee of Our Celebration? YES/NO

If yes, please provide name(s) and state relationship:

### SICKNESS ABSENCE

Please state the number of days sickness absence in the last 2 years:

### DISABILITY DISCRIMINATION ACT 1995

If invited to interview, are there any facilities, adjustments or assistance we can provide to facilitate your attendance? YES/NO

Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job? YES/NO

If Yes, please provide further details (use a continuation sheet if necessary):

**REHABILITATION OF OFFENDERS ACT 1974 Please note:** Depending on the nature of the post you are applying for, any subsequent offer of employment may be subject to a criminal record check. If a criminal record disclosure is required, it is exempt from the Rehabilitation of Offenders Act due to the nature of our work. This means "spent" convictions, cautions, reprimands or final warnings will be disclosed along with current convictions and cautions. (See information sheet for further guidance)

Please declare any unspent cautions and convictions (and "spent" cautions and convictions if the post is exempt) on a separate sheet and tick this box if doing so

### ASYLUM AND IMMIGRATION ACT 1996

Under the Asylum and Immigration Act 1996, Our Celebration has a duty to ensure that it does not employ someone who does not have permission to be in, or to work in, the United Kingdom.

Do you have such permission? YES / NO

Do you require a work permit? YES / NO

If you are offered the post, we will have to check and record specified documents as defined within the Act before commencement of employment.

## REFERENCES

Names and addresses of two referees, one of whom should be your current or most recent employer:

Tel No:

Email Address:

Tel No:

Email Address:

Please indicate if we may contact them prior to interview YES/NO

Please state maiden name if applicable

## DECLARATION

By signing this form I declare that the information given is true and correct. I accept that supplying false or misleading information or knowingly withholding information may result in any subsequent job offer being withdrawn. I give my consent to my referees being contacted as indicated and for details of any sickness absence over the last 2 years to be obtained.

Signed ..... Date ..... Name .....

Thank you for completing this application. Please return to:

**Confidential Job Application**  
**York Mind**  
**Highcliffe House, Highcliffe Court**  
**York YO30 6BP**

### Data Protection Act 1998

The use of information provided on this form will comply with the requirements of the above Act. It may be processed by computer and is required for operational, managerial information and associated purposes relevant to the maintenance of the organisations systems. Such data may also be used to produce anonymous statistics.



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**Recruitment Monitoring Form (Confidential)**

York Mind is committed to Equal Opportunities in Employment. In order to ensure the effectiveness of this policy, all applicants are asked to provide the following information. Any information given will be treated in the strictest confidence, and will be used solely for the purpose of monitoring.

THIS QUESTIONNAIRE WILL BE SEPARATED FROM THE REST OF THE APPLICATION FORM IMMEDIATELY ON RECEIPT BY PERSONNEL BEFORE ANY CONSIDERATION OF CANDIDATES OCCURS

1. NAME: ..... APPLICATION DATE: .....

2. POST TITLE: .....

Please tick the appropriate box:

3. GENDER: Male  Female

4. AGE: 16-20  21-30  31-40  41-50  51-60  61-65

5. ETHNIC ORIGIN\* I would describe my ethnic origin as:

(a) WHITE  
British  Irish  Any other white background (please specify): .....

(b) MIXED  
White & Black Caribbean  White & Black African  White & Asian   
Any other mixed background (please specify): .....

(c) ASIAN OR ASIAN BRITISH  
Indian  Pakistani  Bangladeshi   
Any other Asian background (please specify): .....

(d) BLACK OR BLACK BRITISH  
Caribbean  African  Any other black background (please specify) .....

(e) CHINESE OR OTHER ETHNIC GROUP  
Chinese  Other

• Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated.

6. DISABILITY: Do you consider yourself to have a disability ? YES / NO

7. Where did you see this vacancy advertised?