



Sandwell African Caribbean Mental Health Foundation Job Application Form

Please complete in block capitals using black ink

Post :		Closing Date:		Candidate No:	
--------	--	------------------	--	------------------	--

SECTION 1: PERSONAL INFORMATION

Title:		Family Name:		First Name:	
If you have been known by a different name, please indicate					
Address 1					
Address 2					
Address 3					
Postcode:					
Mobile:					
Work Tel:					
Home Tel:					
E-mail Address:					

Are you free to remain and take up employment in the UK with no current immigration restrictions?	Yes		No	
Do you currently have a full driving licence?	Yes		No	
Do you have your own transport for daily use?	Yes		No	



Certificate Number 15992
ISO 9001



Registered Office, Kuumba Centre,
Boulton Road, West Bromwich,
West Midlands B70 6NW

T: 0121 525 1629
F: 0121 525 5838

E: info@sacmhf.co.uk
W: www.sacmhf.co.uk



SECTION 2: REFERENCES: Provide details of 2 referees one must be your current or most recent employer.

REFERENCE 1				REFERENCE 2			
Name:				Name:			
Position:				Position:			
Organisation:				Organisation:			
Address 1:				Address 1:			
Address 2:				Address 2:			
Address 3:				Address 3:			
Postcode:				Postcode:			
Tel No:				Tel No:			
E-mail:				E-mail:			
May we contact before interview?	Yes		No	May we contact before interview?	Yes		No

SECTION 3: WORK HISTORY Current or Most Recent Employer

Post Held:				Salary/Grade:			
Employer's Name:							
Address 1:							
Address 2:							
Address 3:					Postcode:		
Tel No:			E-mail:				
Date Appointed:				Length of Notice Required:			
If no longer employed, please state the date your employment ended:							
Reason for Leaving or why employment ended:							

Number of days sickness during the last 12 months if applicable:

SECTION 4 FULL EMPLOYMENT HISTORY FROM THE AGE OF 16

Name and Address of previous employers	From Year & Month	To Year & Month	Position Held	Duties and Responsibilities

SECTION 4: FULL EMPLOYMENT HISTORY FROM THE AGE OF 16 CONTINUED ...

Name and Address of previous employers	From Year & Month	To Year & Month	Position Held	Duties and Responsibilities

* Please continue on a separate sheet of paper if required.

SECTION 5: SECONDARY/FURTHER EDUCATION

Name/school/college/ University	Dates From	Dates To	Subject	Qualification gained or working towards	Grade/ Level	Year Obtained
School						
College						
University						

SECTION 6: PROFESSIONAL DEVELOPMENT/CURRENT STUDIES/TRAINING COURSES

Name of Provider	Dates	Subject	Qualifications gained or working towards	Grade/Level

SECTION 7: PROFESSIONAL REGISTRATION DETAILS

Name of Professional Body	Registration/Membership Grade/No.	Renewal Date

SECTION 8: ADDITIONAL INFORMATION

Please provide information relevant to your skills, knowledge and experience as documented in the person specification. You should use the areas covered in the person specification enclosed to guide you through this section. Use additional sheets as required.

[Empty box for providing additional information]

SECTION 9: FOR COMPLETION BY CANDIDATES WITH DISABILITIES

Sandwell African Caribbean Mental Health Foundation is committed to increasing the diversity of its workforce and welcomes applications from a range of candidates who have a disability and satisfy the minimum criteria are **guaranteed** an interview for the post.

It would be helpful therefore, if you would assist by informing us of any necessary arrangements to accommodate your needs, should you be called for interview.

The information is confidential to the recruiting officer and will not be used to determine whether your application will be successful.

Full Name:	
------------	--

What is the nature of your disability?
--

--

Please tell us what special requirements you may have should you be invited for an interview.

--

Age:	
------	--

Gender:	
---------	--

Date of Birth:	
----------------	--

Office use:

Post: _____

Candidate No: _____

SECTION 10: EQUAL OPPORTUNITIES

Sandwell African Caribbean Mental Health Foundation has a policy of promoting equal opportunities in its employment. In order to ensure that this policy is being implemented, all applicants are asked to complete the details below.

The information will be treated in strict confidence. Used only for equal opportunities monitoring, it will be separated from your application form and not used during the recruitment process.

I would describe myself as: please tick the description that best fits your ethnic origin – ethnic origin is determined by the race and country of your ancestors. For example, if your parents were originally from the Caribbean but you were born in Britain, you should tick 'Caribbean' in the 'Black or Black British' category.

Ethnic Groups	Tick to confirm the group which best describes your ethnic origin
White	
British	
Irish	
Any other White background	
Black or Black British	
Caribbean	
African	
Any other Black background	
Asian or Asian British	
Indian	
Pakistani	
Bangladesh	
Any other Asian background	
Mixed	
White & Black Caribbean	
White & Black African	
White & Asian	
Any other mixed background	
Other Ethnic Groups	
Chinese	
Any other Ethnic group	

Country of Birth:	
-------------------	--

SECTION 11: DISCLOSURE OF INFORMATION

Please refer to guidelines for details of exemptions to the Rehabilitation of Offenders Act 1974

Do you have a police caution or criminal conviction?	Yes		No	
Are you presently or have been subject to a disciplinary process by a professional body?	Yes		No	
If you answered yes to either or both of the above questions, please use the space provided below to explain.				
<p>I declare that the information given in this form is true and complete. I understand that if I knowingly withhold information or include incorrect information, I am liable to summary dismissal if engaged.</p> <p>I consent to the organisation processing, by means of computer, or otherwise, any information which I provide to them for purposes of employment with Sandwell African Caribbean Mental Health Foundation.</p> <p>Please note any appointment offered is subject to receipt of DBS clearance deemed satisfactory to Sandwell African Caribbean Mental Health Foundation.</p>				
Signed:		Date:		

RETURNING THIS FORM: Please return the following completed documents to the address below:

- *Application Form, additional sheets
- *Equal Opportunities form
- *Declaration of Disability

Office & Finance Manager
Kuumba Centre
Boulton Road
West Bromwich
West Midlands
B70 6NW
 or
info@sacmhf.co.uk

Thank you for completing this form.