|  |  |  |
| --- | --- | --- |
| C:\Users\Chloe.Burdett\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XXXPQX9S\MENTAL HEALTH FOUNDATION.png | **Sandwell African Caribbean Mental Health Foundation**  **Job Application Form**  Please complete in block capitals using black ink | Strictly Confidential |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |
| Are you related to a board member, employees or someone who uses one of SACMHF’S services? | Yes |  | No |  |
| If yes, please state who and your relationship | | | | |
|  | | | | |

**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: | | | |  | | | | | | |
| Summarise your main Duties & Responsibilities: | | | | | | | | | | |
|  | | | | | | | | | | |
| 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.

|  |
| --- |
|  |

**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 belief and 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**: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethical Vegan** (Please tick as appropriate) | **YES** |  | **NO** |  |

**SECTION 11: Rehabilitation of Offenders**

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. | | | | | | | |
|  | | | | | | | |
| 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.  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.  Please note any appointment offered is subject to receipt of DBS clearance deemed satisfactory to Sandwell African Caribbean Mental Health Foundation. | | | | | | | |
| Signed: |  | Date: |  | | | | |

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

|  |
| --- |
| \*Application Form & additional sheets (section 8)  \*Equal Opportunities form  \*Declaration of Disability  **Office & Finance Manager, Kuumba Centre, Boulton Road, West Bromwich, West Midlands, B70 6NW** or [**info@sacmhf.co.uk**](mailto:info@sacmhf.co.uk)  **Thank you** for completing this form. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Certificate Number 15992  ISO 9001 | [mindful-employer-logo](http://www.sacmhf.co.uk/workforus.html) | 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 |  |  |

**SACMHF** is a company limited by guarantee Registered in England number 4004120 Registered Charity number 1082017