

APPLICATION FOR EMPLOYMENT

Position applied for: **IAPT Clinical Lead**

Please complete in type or black ink

Please do not submit a CV as a substitute for answering any of the following questions; it could be to the detriment of your application because CVs will be disregarded in the selection process.

PERSONAL DETAILS

BLOCK CAPITALS PLEASE

Surname: _____ Forename(s): _____ Title: _____

Address: _____

_____ Postcode: _____

Telephone: Home: _____ Work: _____

May we contact you at work (with appropriate discretion)? Yes/No

REFERENCES

Please give details of two people who should not be related to you, and who can comment on your suitability for this post. One should be your present or most recent employer or supervisor. Please indicate whether you are willing for these referees to be contacted prior to interview.

Name: _____

Address & Postcode:

Tel: _____

Capacity known to you:

May we approach at this stage? Yes/No

Name: _____

Address & Postcode:

Tel: _____

Capacity known to you:

May we approach at this stage? Yes/No

EDUCATION AND TRAINING

Starting from the most recent, please provide details of your education, qualifications and training, including subjects studied, higher or further education, and short courses where appropriate eg relevant on-the-job training and relevant adult education classes.

Secondary School(s)/ College(s)/Universities, etc	From	To	Qualifications (Please indicate level & grade)

Please continue on a separate sheet if necessary

Details of any relevant studies or courses not shown above, including any current studies or training

Please indicate subject(s), length of course(s) and method(s) of study:

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Interests: *Please give details of your leisure and/or voluntary interests and experience.*

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CURRENT OR MOST RECENT EMPLOYMENT

Name & Address of Employer	Job Title & Brief Details of Duties & Responsibilities	From (month & year)	To (month & year)

Current grade and basic salary: _____

London Weighting (if applicable): _____

Period of notice required (if applicable): _____

Reason(s) for leaving: _____

If offered this post, when would you be able to take up your duties? _____

PREVIOUS EMPLOYMENT

Please list your most recent jobs first, and include paid and unpaid work

Name & Address of Employer	Job Title & Brief Outline of Duties & Responsibilities	From (month & year)	To (month & year)	Reason for Leaving

PREVIOUS EMPLOYMENT (Cont)

Name & Address of Employer	Job Title & Brief Outline of Duties & Responsibilities	From (month & year)	To (month & year)	Reason for Leaving

REASONS FOR APPLYING

Please give your reasons for applying for the post, **relating these closely to the Person Specification**. Note that the tasks and duties of the post are detailed in the Job Description. What are the skills, experience and interests which you could bring to the post – bearing in mind any relevant work you have undertaken (paid or unpaid)?

In the shortlisting process, the information you provide here plays a significant part and it is therefore most important that you complete this section as carefully as possible.

Please continue on a separate sheet if necessary.

CRIMINAL RECORDS

As part of its Equal Opportunities Policy, the employer wishes to ensure that it does not discriminate against ex-offenders. However we recognise that many of our posts, for example those concerned with handling sums of money, involve matters where an ex-offender might be in a potentially vulnerable position unless consideration of their background has been made. For this reason, we ask you to complete the following section:

Have you ever been convicted of a criminal offence? Yes/No

If your answer was 'Yes', please give the date(s), nature of the Offence(s) and sentence(s) passed.

**NB: Offences which would be deemed as spent under the Rehabilitation of Offenders Act 1974 need not be declared.
All appointments are provisional upon a Satisfactory CRB disclosure.**

PRACTICAL SKILLS

Do you have a current driving licence? YES/NO
Do you have a car? YES/NO
Are you computer literate? YES/NO
If YES, which software have you used on a regular basis?

DECLARATION *(Please read this carefully before signing this application form)*

1. I confirm that the information I have given above is complete and correct and that any untrue or misleading information will give the employer the right to terminate any employment contract offered.

2. I agree that the employer reserves the right to require me to undertake a medical examination.

(Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signed: _____ Date: _____

Please return this application to: gholmes@mindinbexley.org.uk or
Gill Holmes, Mind in Bexley, Milton House, 240a Broadway, Bexleyheath, Kent DA6 8AS