



For better mental health

# Hull & East Yorkshire Mind

TRAFALGAR HOUSE, 41-45 BEVERLEY ROAD,  
KINGSTON UPON HULL, HU3 1XH

Tel: (01482) 240200 Fax: (01482) 336878

Reg Charity Number: 1101976 Company Number: 4936165

Charity Registered in England

EO Number:

Application for the post of: .....  
(Please complete this form in **BLACK INK** or **TYPESCRIPT**)

Post Ref No: .....

**PART 1**

**APPLICATION FOR EMPLOYMENT**

**CONFIDENTIAL**

### Relevant Training, including in-house training

Organising body/details	Date

### Driving licence/car/motorcycle ownership

Do you have a full current driving licence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have full access to a car / motorcycle?	Car	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Motorcycle	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have any current penalty points please give details below:			

### EMPLOYMENT DETAILS (starting with your current or most recent employment)

Name and Address of Employer	Post Title:	
	From:	To:
	Current/final salary and benefits: £	
	Responsible to (Job Title):	
Outline your main duties and responsibilities		
Reason for leaving/seeking a new post		

<b>Name and Address of Employer</b>	<b>Position Held:</b>	
	<b>From:</b>	<b>To:</b>
	<b>Current/final Salary and Benefits:</b>	<b>£</b>
	<b>Responsible to (Job Title):</b>	
<b>Outline your main duties and responsibilities</b>		
<b>Reason for leaving/seeking a new post</b>		

<b>Details of all previous employment</b>					
<b>Name and Address of Employer</b>	<b>From</b>	<b>To</b>	<b>Job Title</b>	<b>Main duties and responsibilities</b>	<b>Reason for Leaving</b>

<p><b>The information I have provided this application form is complete and accurate to the best of my knowledge</b></p> <p><b>Signed:</b> ..... <b>(Applicant)</b>      <b>Date:</b> .....</p>
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**PART 2****EQUAL OPPORTUNITIES IN  
EMPLOYMENT MONITORING FORM****CONFIDENTIAL****IMPORTANT – Please read the following statement:**

As an equal opportunities employer, Hull & East Yorkshire Mind aims to ensure that no applicant receives less favourable treatment on the grounds of colour, race, nationality, ethnic origin, gender, sexual orientation, marital status, disability or age. To assist Hull & East Yorkshire Mind to monitor the effectiveness of its Equal Opportunities Policy, you are asked to provide the information below. The information given on this form will be treated in strictest confidence and is only sent to the selection panel **after** short-listing has taken place. These details will be placed on the successful applicant's personnel file at Hull & East Yorkshire Mind.

Personal Details		
Surname (Mr/Mrs/Miss/Ms):	Forenames:	Preferred Name:
Previous Name(s) (for obtaining references only):		
Address:	Work tel no:	
	Home tel no:	
	Mobile No:	
	Email address:	
Post Code:		
Date of Birth:	Age last Birthday:	

Sex/Marital Status/Ethnic Group		
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status:	Single <input type="checkbox"/>
		Married <input type="checkbox"/>
		Other <input type="checkbox"/>
		Civil Partnership <input type="checkbox"/> (under the Civil Partnership Act 2004)
Ethnic Group:	UK/Irish <input type="checkbox"/>	White European <input type="checkbox"/>
	White – Non European <input type="checkbox"/>	Black – Caribbean <input type="checkbox"/>
	Black – African <input type="checkbox"/>	Black – Other <input type="checkbox"/>
	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>	Oriental – Chinese <input type="checkbox"/>
	Any other race or ethnic group (please describe): .....	
Please state your Nationality: .....		Is a work permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>

Disability	
Disability:	Not Disabled <input type="checkbox"/>
	Registered Disabled <input type="checkbox"/> Registration No: .....
	Disabled but not Registered <input type="checkbox"/> Details: .....
<b>Under the Disability Discrimination Act we need to ask:</b>	
Do you have a medical condition or disability that may affect your ability to carry out this job? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please give details: .....	
.....	
Are there any reasonable adjustments that we will need to make, if you are appointed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please give details: .....	
.....	

### Medical Condition(s)

Do you have any medical condition(s) that Hull & East Yorkshire Mind need to be aware of? YES  NO

If yes, please give details, continuing on a separate sheet if necessary

### Sickness Absence

How many days' absence have you had through illness or injury in the last 2 years?

In how many separate periods were the days' absence taken?

Please give reasons, continuing on a separate sheet if necessary

### General Information

If you are successful, will this be your only job? If "no" state weekly hours and nature of additional work. Yes  No

What period of notice are you required to give?

How did you first find out about this job? Please state publication or website if applicable

### References

Please give the names and addresses of two referees who can comment on your suitability for the post and who have consented to provide a reference on your behalf. One should be your current employer or, if unemployed, your most recent past employer.

<b>Name:</b>	
<b>Position in Organisation:</b>	
<b>Name of Organisation:</b>	
<b>Capacity in which known to you:</b>	
<b>Address of Organisation:</b>	
<b>Post Code:</b>	<b>Telephone No. &amp; STD Code</b>
<b>Email address (if known):</b>	
<b>Can we contact this referee before interview?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Name:</b>	
<b>Position in Organisation:</b>	
<b>Name of Organisation:</b>	
<b>Capacity in which known to you:</b>	
<b>Address of Organisation:</b>	
<b>Post Code:</b>	<b>Telephone No. &amp; STD Code</b>
<b>Email address (if known):</b>	
<b>Can we contact this referee before interview?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## HULL & EAST YORKSHIRE MIND REQUIRE ALL STAFF TO BE SUBJECT TO AN ENHANCED CRB DISCLOSURE

Any information you provide under this section will not be seen by the selection panel until after applicants have been short-listed.

### REHABILITATION OF OFFENDERS ACT 1974

**You are asked to note the following statement carefully**

Because of the nature of work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Order 1974. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Hull & East Yorkshire Mind. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

Have you been convicted of a criminal offence, or do have a prosecution pending?

Yes

No

If "Yes", please state below the date and nature of offence for which you were convicted.

*I have read the above statement, understood it and entered any relevant details above.*

Signed: ..... (Applicant)

Date: .....

### WORKING WITH VULNERABLE ADULTS

**You are asked to note the following statement carefully**

Because your application relates to work with vulnerable people you must declare any prior abuse convictions and whether you have ever been the subject of any abuse investigation or enquiry. Please state below any convictions/investigations, their date and the investigating body. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Hull & East Yorkshire Mind. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

Do you have any abuse convictions or have you ever been the subject of any abuse investigation or enquiry?

Yes

No

If "Yes", please give details below:

*I have read the above statement, understood it and entered any relevant details above.*

Signed: ..... (Applicant)

Date: .....

### DECLARATION

I declare that the information I have provided in all parts (1, 2 and 3) of this application form is complete and accurate to the best of my knowledge. I accept that any false statement or omission of relevant information may lead to the withdrawal of any offer of appointment or to my being dismissed if appointed to the post.

I also agree to the information contained in this application being processed under the Data Protection Act 1988.

Signed: ..... (Applicant)

Date: .....

**IMPORTANT REMINDER:** You must complete all parts of the three sections. We do not accept CV's either on their own, or accompanied by a partly completed application form.

Please note, if you are completing this application electronically, you will be asked to sign the form if you are invited to an interview.