**Tower Hamlets Talking Therapy**

**Mind in Tower Hamlets and Newham**

**13 Whitethorn Street**

**London E3 4DA**

**T: 020 7510 1081**

**F: 020 7357 7944**

**E: info@mithn.org.uk**

**W: www.mithn.org.uk**



April 2020

Dear Applicant,

**Post of Employment Advisor – Tower Hamlets Talking Therapies**  
  
Thank you for applying for the above post.

When completing section G of the application form please detail the ways in which you meet the person specification, *using the same headings and in the same order. Please do not send in your CV as this will be disregarded.*

Please also complete the Monitoring form and return it to us with your completed application form. These should be emailed to: [Recruitment@mithn.org.uk](mailto:Recruitment@mithn.org.uk)

The closing date for receipt of completed applications is **10.00am Friday 15th** **May 2020**

Interviews will be held on **Thursday 21st May 2020.**

We look forward to receiving your completed application form.

Yours sincerely

**A picture containing text, water, kite, flying

Description automatically generated**

**Martina Haughton**

**HR and Governance Manager**



**Mind in Tower Hamlets and Newham**



## Application for the post of: Employment Advisor - Tower Hamlets Talking Therapies

## Closing Date: 10am Friday 15th May 2020

**A: Personal details** (use block letters)

Mind in Tower Hamlets and Newham will detach all personal information contained in Part A before shortlisting candidates

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **First Name:** | **Surname:** | |
| Home Address **Postcode:** | | **Home Telephone:** | |
| **Work Telephone::** | |
| **Mobile:** | |
| **Email:** | |
| Are you eligible to work in the UK? | | **YES/NO** | |
| **Do you need a work permit to work in the UK?** | |  | |
| Home telephone number | |  | |
| Work telephone number | | **May we contact you at work?** | **YES/NO** |

**B: WORK HISTORY**

#### Please give details of your current or most recent employment.

|  |  |
| --- | --- |
| **Name and address of current/most recent employer:**    **Telephone Number:** | |
| **Type of business:** | |
| **Your job title:** | |
| **Main duties and responsibilities:** | |
| **Dates of Employment (month/year)** | |
| **From** | **To** |
| **Notice Period Required:** | |

**C: CONtinued – WORK HISTORY**

#### Please put the most recent first, you may continue on up to one sheet of A4 if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your job title** | Name and address of employer | Main duties | **From (month/year** | **To**  **(month/year)** |
|  |  |  |  |  |
|  |  |  |  |  |

**d: Education and Qualifications**

Please give details of your education and the qualifications obtained. Primary school details are not required.

|  |  |  |
| --- | --- | --- |
| **Name of school, college, university etc.** | Qualifications and levels achieved | Dates attended |
|  |  |  |

##### e: Training

Please give details of any training you have had, which may support your application.

|  |  |  |
| --- | --- | --- |
| **Title of training programme/course**  **and brief description** | Certificates/qualifications gained | Dates attended |
|  |  |  |

##### f: Professional Association Membership

|  |  |  |
| --- | --- | --- |
| **Name of professional association** | **Year of membership** | Grade/level |
|  |  |  |

g: personal statement

We will shortlist candidates for interview based on the criteria listed on the person specification. Please use the space below to go through each point of the person specification and tell us how your skills, knowledge, experience and abilities correspond to the criteria we have listed. If you need to you may continue for up to 2 more additional sheets of A4 paper. Please do not send in CVs as these will be disregarded

*Please tick this box if you are attaching continuation sheet*

H: REHABILITATION OF OFFENDERS ACT 1994

|  |  |  |
| --- | --- | --- |
| In accordance with the Rehabilitation of Offenders Act and the relevant Home Office and Criminal Records Bureau guidance, Mind in Tower Hamlets and Newham will not discriminate in its employment decisions against ex-offenders with criminal records if it is judged that the offence has no relevance to the post (s) applied for.  All candidates should be aware that Mind in Tower Hamlets and Newham apply to the Criminal Records Bureau for an enhanced criminal record checks for all employees. Confirmation in post will be subject to receipt of a satisfactory Criminal Records Bureau Disclosure. | | |
| Have you ever been convicted of a criminal offence? Yes [ ] No [ ]  If “Yes” give details including dates and sentences, if applicable below, and enclose this page in a sealed envelope marked “Private and Confidential” for the attention of the HR manager. | | |
| Conviction | Dates | Sentence |
|  |  |  |
|  |  |  |
|  |  |  |
| Are you currently on a Probation Order or in contact with a Probation Officer or other professionals in relation to your conviction? | | |
| It would be helpful if you could give us further details on any conviction(s) recorded above. Continue on a separate A4 sheet if necessary. | | |

I: REFERENCES

Please give details of two referees to whom we may apply for references to cover the last five years. One referee must be your current (or most recent) employer. If you have not been in paid employment, your referee may be the head of an educational or training establishment and/or the manager of a voluntary group for which you have worked. Referees will not be contacted unless you are offered a position at Mind in Tower Hamlets and Newham

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Capacity in which known to you: | Capacity in which known to you: |
| Organisation: | Organisation: |
| Address | Address: |
| Telephone No. | Telephone No. |
| Email address: | Email address: |

j: declaration

I certify that, to the best of my knowledge and belief, the information I have provided on this form is true and accurate and agree they should form the basis of any future employment. I understand that if the information I have supplied is false or misleading in any way, it may disqualify me from appointment or render me liable to dismissal.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for the time you have taken to complete this form.***

*Please email to:* [*recruitment@mithn.org.uk*](mailto:recruitment@mithn.org.uk)

**MIND IN TOWER HAMLETS AND NEWHAM**

**Confidential Equality and Diversity Monitoring Form**

**MIND IN TOWER HAMLETS AND NEWHAM**

**Confidential Equality and Diversity Monitoring Form**

|  |
| --- |
| **Please answer the questions as it will help Mind in Tower Hamlets and Newham with our equality and diversity monitoring. If you are appointed, the information will be kept and used for monitoring purposes only, to ensure that our recruitment and employment practices are non-discriminatory.** |

**Name:**

**I would describe my gender as:** Female Male

**Post applied for:**

**Date of birth:**

**I would describe my ethnic origin as:**

Please indicate your ethnic origin by placing X in the appropriate box. If you feel that you don’t come within these categories, please state under ‘other’ what you consider to be your ethnic origin/background to be.

**Do you consider yourself to be** (Please tick appropriate box)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Black-African |  | White-African |  | European |  | Japanese |  | Asian-other |  |
| Black-British |  | White-British |  | Bangladeshi |  | Oriental |  |  |  |
| Black-Caribbean |  | White-Irish |  | Chinese |  | Pakistani |  |  |  |
| Black-other |  | White-other |  | Indian |  | Asian-British |  |  |  |

**Do you belong to any Religion?** (Please tick appropriate box)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Buddhist |  | Hindu |  | Muslim |  | Other Religion |  | Sikh |  |
| Christian |  | Jewish |  | No Religion |  | Prefer Not To Say |  | Other |  |

Other (please specify) …………………

**Are you?** (Please tick appropriate box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Gay |  | Lesbian |  |
| Bi-sexual |  | Other |  | Prefer Not To Say |  |

Other (please specify) …………………

**Disability**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

**Do you consider yourself to have a disability?**

Yes / No / Other / Prefer Not To Say

If yes, please specify nature of disability: ………………………………………………………………………………

If yes, would you like support in advising your line manager? Yes/No

Do you require any reasonable workplace adjustments? Yes / No / Not sure

If yes, please state adjustment(s) required: ..........................................................................................................................................................................................................................................................................................................................................................