

**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**



November 2021

Dear Applicant,

**Post of: Clinical Delivery Manager**

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, quoting reference: TTM2021

The closing date for receipt of completed applications is **17.00pm, Friday 17th December 2021.**

**Interviews will be held on the 10th or 13th January 2022**

 We look forward to receiving your completed application form.

Yours sincerely



Shahan Islam

**HR and Governance Director**



## Text  Description automatically generated

## Application for the post of: Clinical Delivery Manager

## Closing Date: 17.00, Friday 17th December 2021

**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*

**MIND IN TOWER HAMLETS AND NEWHAM**

**Confidential Equality and Diversity Monitoring Form**

**Name:**  **Post applying for**: Clinical Delivery Manager

|  |
| --- |
| **1.Age** |
| 18 – 25 yrs |  | 26 – 35 yrs |  | 36 – 45 yrs |  |
| 46 – 55 yrs |  | 56+ yrs |  | Prefer not to say |  |
| **2.Ethnicity** |
| Asian British Bangladeshi |  | Asian British Indian |  | Asian British Pakistani |  |
| White and Asian |  | Other Asian: Please specify |  | Black British African |  |
| Black British Caribbean |  | Black British Somali |  | White and Black African |  |
| Other Black: Please specify |  | Black or Black British |  | Other Mixed: Please specify |  |
| White British |  | White Irish |  | White Polish |  |
| White Romanian |  | Other White: Please specify |  | Chinese |  |
| Vietnamese |  | Asian Other: Please specify |  | Other background: Please specify |  |
| Prefer Not to Say |  |  |  |  |  |
| **3.Gender** |
| Male |  | Female |  | Transgender |  |
| Other: Please specify |  | Prefer Not to Say |  |  |  |
| **4. Disability** |  |
| None |  | Prefer Not to Say |  |  |  |
| Deafness/Partial loss of hearing |  | Blindness/Partial Loss of Sight |  | Learning Disability |  |
| Learning Difficulty |  | Development Disability |  | Physical Disability |  |
| Long Term Illness |  | Mobility |  | Mental Health |  |
| Prefer Not to Say |  | Other: Please Specify |  |  |  |
| **5.Sexuality** |  |  |  |  |  |
| Heterosexual |  | Lesbian |  | Gay |  |
| Bisexual |  | Other: Please Specify |  | Prefer Not to Say |  |
| **6.Religion** |  |  |  |  |  |
| Christianity |  | Hindu |  | Muslim |  |
| Sikh |  | Jewish |  | No religion or belief |  |
| Other: Please Specify |  | Prefer Not to Say |  |  |  |
| **7. Do you live or work in East London and areas covered by Mind in Tower Hamlets** |
| Yes |  | No |  | Not Sure |  |
| If you have selected **Yes or Not Sure** please state, the postcode where you live or work: |
| **8. Do you have lived experience of mental health (personal experience of mental health issue or as a carer)?** |
| Yes (if Yes please provide brief details below) |  | No |  | Prefer Not to Say |  |
|  |