



## **JOB APPLICATION FORM**

For the post of: Haringey Wellbeing Network Triage and Assessment Project Worker

Closing Date: **Friday 4<sup>th</sup> February 2022**  
(Interviews to be held on Tuesday 8<sup>th</sup> February 2022)

IT IS IMPORTANT THAT YOU FILL IN THE APPLICATION FORM FULLY, AND RETURN **THE EQUAL OPPORTUNITIES MONITORING IN AN ENVELOPE SEPERATELY.** DO NOT FORGET TO ENCLOSE THE REHABILITATION OF OFFENDERS SHEET WITH YOUR APPLICATION

PLEASE READ THE GUIDANCE NOTES ON COMPLETING THE APPLICATION FORM AND ANY OTHER MATERIAL THAT IS SENT IN THE PACK, BEFORE STARTING TO FILL IN YOUR APPLICATION. **C.V's WILL NOT BE ACCEPTED**

IF YOU ARE NOT TYPING YOUR APPLICATION, PLEASE WRITE CLEARLY IN **BLACK INK, USING BLOCK CAPITALS FOR ALL NAMES & ADDRESSES**

**NAME:**

**ADDRESS:**

**POSTCODE:**

**TEL NO: (Home):**

**Work:**

**EMAIL:**

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Please give details of **two referees**. If you have been/are employed, one should be your present/most recent employer. Please state in what capacity these referees know you, e.g. tutor, friend.

**NAME:**

**NAME:**

**ORGANISATION AND ADDRESS:**

**ORGANISATION AND ADDRESS:**

**TEL NO:**

**POSITION:**

**JOB TITLE:**

**CAPACITY:**

**TEL NO:**

**POSITION:**

**JOB TITLE:**

**CAPACITY:**

**NB: Mind in Haringey will not approach referees until you have been made a job offer**

Please give details of any courses, training, education, and qualifications that will support your application in the following order;

- 1. Secondary School: Name, location, dates attended, qualification gained.**
- 2. College, University or vocational training: format as above**
- 3. Training: format as above**

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*Please continue on separate sheets as needed, putting your name and job ref at the top of each sheet and the question you are continuing from numbering each sheet.*

Please give details of your employment, including any breaks between jobs, starting with the most recent first.

POSITION HELD:

EMPLOYER'S NAME & ADDRESS

NATURE OF BUSINESS OR ACTIVITY:

BRIEF OUTLINE OF YOUR MAIN DUTIES OR RESPONSIBILITIES WHILST IN THIS POST:

Date Started: ..... Date Finished: .....

Reason for Leaving:

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POSITION HELD:

EMPLOYER'S NAME & ADDRESS

NATURE OF BUSINESS OR ACTIVITY:

BRIEF OUTLINE OF YOUR MAIN DUTIES OR RESPONSIBILITIES WHILST IN THIS POST:

Date Started: ..... Date Finished: .....

Reason for Leaving:

POSITION HELD:

EMPLOYER'S NAME & ADDRESS

NATURE OF BUSINESS OR ACTIVITY:

BRIEF OUTLINE OF YOUR MAIN DUTIES OR RESPONSIBILITIES WHILST IN THIS POST:

Date Started: ..... Date Finished: .....

Reason for Leaving:  
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POSITION HELD:

EMPLOYER'S NAME & ADDRESS

NATURE OF BUSINESS OR ACTIVITY:

BRIEF OUTLINE OF YOUR MAIN DUTIES OR RESPONSIBILITIES WHILST IN THIS POST:

Date Started: ..... Date Finished: .....

Reason for Leaving:

*Please continue on separate sheets, as needed putting your name and job ref at the top and the question you are continuing from numbering each sheet.*

Please look at the job description and person specification for the post and then use this section to best describe what qualities, skills and experience you would bring to this post.

Please make sure that you illustrate, from your previous **“Experience”** any of the points you would like to highlight to bring to the attention of the shortlisting panel. This can be from a voluntary or personal capacity.

Please make sure you have addressed all the areas on the person specification

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Please continue on separate sheets, as needed putting your name and job ref at the top and the question you are continuing from numbering each sheet

Have you had a CRB check carried out? YES NO  
If yes please indicate the date carried out -----/-----/-----  
date / month / year

*Please note that a CRB check may be required for this post*

Do you require a Work Permit? YES NO  
Please give your date of birth -----/-----/-----  
date / month / year

If you have a disability, please give details of how we can make it easier for you to attend an interview if you are shortlisted.

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If there are any factors that you would like the selection panel to be aware of, that have not already been covered, please give details. The Equal Opportunities statement guarantees that you will not be disadvantaged by any of the factors that it covers. If you are not clear whether you should complete this section please ring us (020 8340 2474) for advice: ask for the Administrator and we suggest that in order to try to achieve impartiality, you do not give your name, just say that you are applying for ..... post and you have a query about the Equal Opportunities section.

As a broad guide, only fill in this section if there is anything about yourself or your circumstances, which you feel, would affect your ability to fulfil the person specification.

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SIGNATURE: NAME (PRINT)  
DATE RETURN FORM BY CLOSING DATE TO:

By email to: [admin@mih.org.uk](mailto:admin@mih.org.uk)  
Or by post to: MIND IN HARINGEY, STATION HOUSE, 73C STAPLETON HALL ROAD,  
LONDON N4 3QF

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**PLEASE STATE WHERE YOU SAW THE ADVERT:**  
Newspaper or Publication (Name):.....  
Any other source (eg. leaflet in another organisation etc) .....



## **REHABILITATION OF OFFENDERS ACT**

Because this post involves working with vulnerable people, the post is exempt from the requirements of the Rehabilitation of Offenders Act. This means that you are obliged to disclose the details of any offence that resulted in a criminal conviction, even if it was a long time ago.

If this applies to you, please enclose in a sealed envelope marked “**CONFIDENTIAL**” with your name and the details of the offence, the date it took place, the sentence given and any comments you wish to make.

*It is treated as a confidential document throughout the process; in coming to a decision, the selection panel would consider the relevance of the offence to the job. The envelope is not normally unsealed unless you have been shortlisted for interview.*

**IMPORTANT:** If you were selected for employment and did not disclose an offence which later comes to light by means of a police check or other circumstances, this can result in the loss of your job. (i.e. if you were to wish to claim unfair dismissal, the claim would not be upheld by an Industrial Tribunal)

Please tick as appropriate:

Either: a) I have no convictions  [ ]  
b) Please see attached  [ ]

Signed:..... Date: .....

Please print name: .....

**This form MUST be completed and returned with your completed application form.**





**EQUAL OPPORTUNITIES MONITORING FORM**

You are requested to complete and return this form **IN A SEPARATE ENVELOPE MARKED "CONFIDENTIAL"** in order to help Mind in Haringey monitor the implementation of its Equal Opportunities Policy.

Please tick or complete any boxes, which apply to you, and please self-define or add any information if you wish.

If you are given this form with a job description, the shortlisting panel will not see this form. Please check that you have given any information that the panel needs to know about on the actual application form.

1.

Are you applying to use Mind services? Please state which service or Project? .....

Are you applying to be a member of Mind in Haringey? .....

Are you applying for a job? Please state job title: .....

Are you applying for committee membership? Please state which committee(s): .....

Are you applying for work as a volunteer? Please state which project: .....

**2. GENDER**

Are you:

Female  Male

**3. RACE/ETHNIC ORIGIN**

Do you identify as:

- BLACK
- WHITE
- Do you prefer to identify yourself as MIXED
- OTHER (Please specify.....) P.T.O

What is your race or ethnic origin? Please tick whichever applies below:

- |   |  |
|---|--|
| <input type="checkbox"/> African                      | <input type="checkbox"/> African Caribbean |
| <input type="checkbox"/> European - UK                | <input type="checkbox"/> European - other  |
| <input type="checkbox"/> Greek Cypriot                | <input type="checkbox"/> Irish             |
| <input type="checkbox"/> Jewish                       | <input type="checkbox"/> Middle Eastern    |
| <input type="checkbox"/> South Asian                  | <input type="checkbox"/> South East Asian  |
| <input type="checkbox"/> Turkish Cypriot              |  |
| <input type="checkbox"/> Other (Please specify:.....) |  |

If you would like to give further details, please do so .....

.....

**4. SEXUALITY**

Do you identify as

- |                                   |                                       |                                |
|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Lesbian  | <input type="checkbox"/> Gay          | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual |                                |

**5. RELIGION**

What is your religion, if any? .....

**6. AGE**

- |                                   |                                 |                                |                                      |
|-----------------------------------|---------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 25 -44 | <input type="checkbox"/> 45-64 | <input type="checkbox"/> 65 and over |
|-----------------------------------|---------------------------------|--------------------------------|--------------------------------------|

**7. DISABILITY**

Do you have a physical or sensory impairment?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**8. MENTAL HEALTH**

Are you currently a mental health service user or have you had contact with mental health services in the past?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**9. SOURCE OF INFORMATION**

Please state where you saw the job advertised:.....

Thank you for completing the form.



## **EQUAL OPPORTUNITIES STATEMENT**

**Mind in Haringey recognises that racism and discrimination have profound ill-effects on mental health.**

**We aim to work for the elimination of discrimination in all aspects of mental health policy, care, delivery and research, and to provide and promote services, which combat racism and discrimination in all their forms.**

**Mind in Haringey is therefore committed to an Equal Opportunities policy.**

**Mind in Haringey recognises that power is not held equally in our society. Groups and individuals have been, and continue to be, discriminated against on the basis of disability, race, sex, age, marital status, social background, religious belief and whether they are gay or lesbian. Recognising this, Mind in Haringey has and will continue to implement policies to ensure that greater equality becomes a reality.**

**As a service provider and employer, Mind in Haringey expects all staff, volunteers and users of its service, and its members, to work towards the implementation of this policy in all aspects of the organisation's activities. Mind in Haringey will take action against those who behave in a discriminatory or abusive way. This may include withdrawal of service from those who refuse to abide by this as a code of practice.**

**The implementation of this statement will be regularly reviewed and monitored.**

**Positive Action for Mental Health**