



## Application Form

Please return to Herts Mind Network, 139 Leighton Buzzard Road, Hemel Hempstead, HP1 1HN

**Post Title:**

### Personal Details

**Surname:**

**Forenames(s):**

**Address:**

**Postcode:**

**Telephone (Home):**

**(Mobile):**

**E-mail address:**

Please note any disability or other medical condition which may require special attention at the interview or in the job.

## Education

Please give details of your education and all exams passed.

Date	School/Institution	Exams passed

## Relevant Training Courses

Please give details all training courses.

Date	College/Institution	Course, Qualifications, etc.

**Present (most recent) Employment/Voluntary Work**

<b>Employer's name and address:</b>
<b>Position held:</b>
<b>Dates:</b>
<b>Salary:</b>
<b>Brief description of duties:</b>

**Previous Employment**

<b>Dates</b>	<b>Employer</b>	<b>Position Held</b>

## **Additional Information**

Please give any further information you think could assist us in deciding your suitability. You should give details of all relevant experience, interests, voluntary work, etc. and specify your reasons for applying for the vacancy. Continue on a separate page if necessary.

**Please note that C.V.'S are not considered as part of the selection process.**

## Referees

One of your referees should be your present or most recent employer or, if unemployed, an organisation you have been involved with. References must not be provided by a relative or someone sharing your home.

We will not contact your present employer without your permission.

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Status:</b>	<b>Status:</b>

In the past two years, how many sick leave days have you taken in your present employment?
When can you start?
An enhanced Criminal Records Bureau Disclosure is required for this post.
Have you worked for Herts Mind Network in the past in any capacity?

I declare that the information on this form is correct to the best of my knowledge:

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Equal Opportunities Monitoring Form

### 1. Please tell us your Age:

Under 16	
16-21	
21-29	
30-39	
40-49	
50-59	
60-69	
70-80	
80+	
Rather not say	

### 3. Ethnicity

#### Asian or Asian British

- Bangladeshi  
 Indian  
 Pakistani  
 Any Other Asian Background

#### Black or Black British

- African  
 Caribbean  
 Any Other Black Background

#### Mixed

- White and Asian  
 White and Black African  
 White and Black Caribbean  
 Any Other Mixed Background

### 4. Nationality

Please state: \_\_\_\_\_

### 5. Gender

- Female  
 Male  
 Rather not say

### 6. Religion or Beliefs

- Atheism  
 Agnosticism  
 Buddhism  
 Christianity  
 Hinduism  
 Humanism  
 Islam

### 7. Sexual Orientation

- Bisexual  
 Gay Man  
 Heterosexual

### 2. Do you consider yourself to have a disability?

- Yes    No    Rather not say

### 2b. If yes do you have a:

- Physical Impairment  
 Sensory Impairment  
 Learning Disability  
 Mental Health Condition (Long Term)  
 Other Health Condition (Long Term)

#### White

- White British  
 White Irish  
 Any Other White Background

#### Other Ethnic Group

- Chinese  
 Any Other Ethnic Group

Please state: \_\_\_\_\_

- Rather not say

### 5b. Gender Reassignment

Do you now, or have you ever considered yourself to be transgender? (tick if yes)

- Jainism  
 Judaism  
 Sikhism  
 Any Other Religion/Belief

Please state: \_\_\_\_\_

- No Religion or Belief  
 Rather not say

- Lesbian/Gay Woman  
 Other  
 Rather not say

### 8. Are you currently providing support to a partner, child, relative, friend or neighbour who could not manage without your help or/and support?

- Yes    No    Rather not say

*We are asking you to provide us with anonymous information to help reach as many communities as we can. All questions are optional and if you prefer not to it does not in any way effect your access to services. Thank you.*