

**Missing Link Mental Health Services**

**For Women**

**Please return completed application forms to:**

## E-mail: HR.Enquiries@missinglinkhousing.co.uk

Link House

5 Queen Square

Bristol Telephone 0117 925 1811

BS1 4JQ

### APPLICATION FORM

|  |  |
| --- | --- |
| Post Title:  | Closing Date:  |
| Where did you see the post advertised? |

|  |
| --- |
| Section One: Personal Details |

**Please mark with an “X”**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: Miss |  | Ms |  | Other: Please state: |
|  Mrs |  |  |  |

|  |  |
| --- | --- |
| First Name: | Surname: |
| Address: |
| Postcode: |  |
|  |
| Tel No (Home): | Tel No (Work): |
| Mobile: | E-mail address: |

Section Two: Education / Training

Please list all qualifications and/or training relevant to the post.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Establishment(s):University/ College etc. | Qualification(s) | Relevant Training |
| From | To |
|  |  |  |  |  |

### Section Three: Details of paid employment or unpaid voluntary work

###### Please start with most recent post

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Employer's name and address | Job Title (please also state if full-time/part-time/ voluntary work)  | Reason for leaving | Salary |
| From | To |
|  |  |  |  |  |  |

Please continue on a separate sheet if necessary

**Current / most recent salary:**

|  |  |
| --- | --- |
| Basic Gross Salary: | Holiday Entitlement: |
| Pension: | Other Benefits: |
| State notice period required: |

Please state if you are related to a current or former Committee Member(s) or employee(s) of Missing Link Housing.

|  |  |
| --- | --- |
| Name of person(s) |  |
| Relationship(s) |  |

**Please mark with an “X”**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you require a work permit? | Yes |  | No |  |
| Do you have a full current driving licence? | Yes |  | No |  |
| Do you have access to an appropriate vehicle that you can use for work purposes? | Yes |  | No |  |

**Notice period**

If successful, please state when you would be able to start.

**Please mark with an “X”**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Immediately | Yes |  | No |  |
| 1 month from job offer | Yes |  | No |  |
| 2 months from job offer | Yes |  | No |  |

**Section Four: Summary of duties in current or most recent post**

|  |
| --- |
|  |

##### Section Five: Information in support of application

**The information you provide in this section will be used in assessing your application**

* After reading the job description and person specification, please think carefully about your application and state how you can demonstrate these requirements.
* Your application needs to show the relevant skills, behaviours, and experience you have gained through paid or unpaid work.

 Please use this space to state your reasons for applying for the post.

|  |
| --- |
|  |

NB: Should you need to add to this section, please ensure that any additional information does not cover more than two additional A4 sides.

##### Section Six – Health and Disability

Health

Is there anything about your health which you think we should know?

|  |
| --- |
|  |

How many days sick leave have you taken in the past 2 years?

|  |
| --- |
|  |

Do you consider yourself to be disabled?

Please mark with “X”

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |

|  |
| --- |
| If you consider yourself to be disabled, and you have any needs, which require special provision, please give details: |

#### Section Seven: Criminal Record

Missing Link Housing promotes equality and diversity and welcomes applications from diverse candidates. Criminal records will be taken into account for recruitment purposes,. Having a conviction will not necessarily bar you from employment. This will depend on the circumstances and background to your offence(s).

All applicants will be subject to a Criminal Records Bureau check at the appropriate level, before the appointment is confirmed.

Do you have any Criminal Convictions to disclose?

|  |  |  |
| --- | --- | --- |
| **Yes** |  |  |
|  |  |  |
| **No** |  |  |

If “yes”, declare convictions in a sealed envelope marked ‘HR Officer’

All criminal records information is treated in the strictest confidence.

#### Section Eight: Reference Information

You must give details of at least two referees who are **not** friends or family. One of the referees **must** be your current/last employer. We require your last **three** years to be covered by references.

PLEASE COMPLETE ALL POSSIBLE DETAILS. FAILURE TO DO SO MAY RESULT IN DELAYS TO YOUR APPLICATION.

|  |  |
| --- | --- |
| **1.** Name:Position:Address:Telephone:Email:Occupational Relationship:Employment Dates: | **2.** Name:Position:Address:Telephone:Email:Occupational Relationship:Employment Dates:  |
| **3.** Name:Position:Address:Telephone:Email:Relationship:Employment Dates: | **4.** Name:Position:Address:Telephone:Email:Relationship:Employment Dates: |

**Please note: if any particulars given by you in this application are found to be false or if you omit or suppress any material facts, you will be liable to dismissal if appointed.**

APPLICANT STATEMENT

**I understand and agree to the following:**

Should an offer of employment be made, I will be required to provide evidence of my eligibility to work in the United Kingdom, before my employment commences, in accordance with Section 8 of the Asylum and Immigration Act 1996.

My appointment will be subject to the verification of the information provided on this form.

I declare that to the best of my knowledge and belief the information supplied on this form is accurate, complete and true.

Should the employer hire me and should any of the information I have given in this application be false, misleading or incomplete, it may lead to my employment being terminated.

I authorise investigation of all statements on this application. The employer may contact any educational institution, reference or employer listed on this application, to verify the information I have given. I hereby release all involved parties from any liability arising from such investigation.

I authorise Missing Link Housing to obtain appropriate levels of criminal records checks during my employment and disclose the information obtained to appropriate staff.

Signature of Applicant:……………………………………… Date:…………………..

EQUALITY AND DIVERSITY MONITORING FORM

**THIS FORM IS USED FOR MONITORING EQUALITY ISSUES WITHIN MISSING LINK HOUSING AND THEREFORE MUST BE RETURNED.** All returned and completed forms help us to evaluate whether or not employment in Missing Link is fair and open to all parts of our communities.

**We guarantee that this form is separated from your application form as soon as it is received and the form is then used for Equality and Diversity monitoring ONLY.**

|  |
| --- |
|  |

**IF YOU INTEND TO SUBMIT THE FORM WITHOUT COMPLETING THE INFORMATION THEN PLEASE MARK WITH “X” HERE**

|  |
| --- |
| Position Applied For: |
| Where did you see the post advertised? |

**GENDER DATE OF BIRTH**

**Please mark with “X”**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Female  |  |  | Date of birth DD/MM/YY |  |
| Transgender  |  |  | Age |  |

**ETHNICITY**

**Please mark with X”**

|  |  |  |  |
| --- | --- | --- | --- |
| 01 White British  |  | 02 White Irish (Living in Ireland/NI) |  |
| 03 White Irish (WhiteIrish in Mainland UK) |  | 04 Other White  |  |
| 05 Mixed White and Black Caribbean  |  | 06 Mixed White & Black African |  |
| 07 Other Mixed |  | 08 Mixed White & Asian  |  |
| 09 Asian/Asian British: Indian  |  | 10 Asian/Asian British: Pakistani |  |
| 11 Asian/Asian British: Bangladeshi |  | 12 Other Asian/Asian British |  |
| 13 Black/Black British:  Caribbean  |  | 14 Black/Black British African |  |
| 15 Other Black/Black British |  | 16 Black Irish |  |
| 17 Chinese |  | 18 Traveller – Irish |  |
| 19 Traveller – Romany |  | 20 Traveller – Other |  |
| 21 Other Ethnic Group |  | 22 Prefer not to say |  |

*Continued Over Page…*

**EQUALITY AND DIVERSITY MONITORING FORM CONTINUED**

**SEXUAL ORIENTATION**

**Please mark with “X”**

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual |  | Lesbian  |  |
| Heterosexual |  | Prefer not to say |  |

**RELIGION / FAITH**

**Please mark with “X”**

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Christian |  |
| Hindu |  | Jewish |  |
| Muslim  |  | Sikh |  |
| Other |  | None |  |
| Prefer not to say |  |  |  |

**DISABILITY**

Under Section 1 (1) of the Disability Discrimination Act, a disabled person is someone who has a physical or mental impairment, which has a substantial and long-term adverse affect on his/her ability to carry out normal day-to-day activities.

### DO YOU CONSIDER YOURSELF TO BE DISABLED?

### Please mark with “X”

|  |  |
| --- | --- |
| YES |  |
| NO |  |
| PREFER NOT TO SAY |  |