#

# Application for the position of Wellbeing Support Worker

# Please complete this form in BLACK INK or TYPESCRIPT.

# If necessary continue on a separate sheet of paper.

**SECTION A:**

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| --- |
| **Personal Details** |
| **Surname:** | **First Name:** |
| **Address:** | **Telephone****Work:****Home:****Mobile:** |
| **Post Code:** | **Email:** |

|  |
| --- |
| **Present/Most Recent Post:****Period Of Notice Required/Date Able To Start:** |

|  |
| --- |
| **Qualifications And Training Relevant To The Post Applied For**Please give details of any relevant educational qualifications and experience, including subject’s taken and short courses. Start with the most recent first. |

|  |
| --- |
| **Post For Which Application Is Made**What interests you in this post and what skills, interest and experience do you think you can bring to it? Please tell us about any relevant experience you have acquired. This may be from your current or previous jobs but may also be from community or voluntary work, experiences gained in the home and through leisure interests.Please address the person specification. You will not be short listed unless you fulfill the essential criteria on the person specification. |

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| --- |
| **Employment Record**Please include paid or unpaid work, which you feel, is relevant to this application.From To Name and address of employer Post and brief outline of duties |

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| --- |
| **I confirm to the best of my knowledge that the information given on this form is true and correct and can be treated as part of my subsequent contract of employment.**Signature: Date: |

**SECTION B**

This section will be detached before short listing and will only be used where the selection panel has decided to make an offer of employment.

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| **Criminal Convictions**Have you ever been convicted of a criminal offence? Yes No (please tick)If your answer is yes, please provide details below of the date(s), nature of offence(s) and sentence(s) passed:N.B. Offences that would be deemed as spent under the Rehabilitation of Offenders Act 1974 need not be declared. |

**Referees**

Please give the names and addresses of two referees, who should not be related to you and one of which must be your most recent employer or supervisor (where applicable).

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Relationship To You:** | **Relationship To You:** |
| **Address:****Post Code** | **Address:****Post Code** |
| **Contact Telephone Number:** | **Contact Telephone Number:** |
| **Email Address:** | **Email Address:** |

**SECTION C:**

**Equal Opportunities Monitoring. This section will be detached and will not be seen by the selection panel.**

Sunderland Mind is an Equal Opportunities employer. The following information will be treated confidentially and will assist in monitoring Sunderland Mind’s Equal Opportunities Policy. Your application will not be affected by the information provided in this section.

**To be completed by the applicant:**

Application for the post of (please insert job title) Business Support Manager

Please state how you found out about the vacancy ­­­­­Facebook Page

Ethnic Origin (please tick/specify)

|  |  |
| --- | --- |
| **White** | **Black** |
|  | British |  | Caribbean |
|  | Irish |  | African |
|  | Any other White background |  | Any other Black background |
| **Asian or British Asian** | **Mixed** |
|  | Indian |  | White and Black Carribbean |
|  | Pakistani |  | White and Black African |
|  | Bangladeshi |  | White and Asian |
|  | Any other Asian background |  | Any other mixed background |
| **Chinese or other Chinese** | **Other ethnic origin** |
|  | Chinese | **Please specify:** |
|  | Any other Chinese background |

Gender (please tick)

|  |  |
| --- | --- |
|  | Male |
|  | Female |
|  | Transgender |

Please state:

|  |  |
| --- | --- |
| **Date Of Birth:** | **Age:** |

How would you describe your sexuality? (please tick)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bisexual |  | Heterosexual |  | Gay |  | Lesbian |

How would you describe your religion or belief?

Do you consider yourself to be disabled?

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

If yes, please specify:

|  |
| --- |
|  |

Do you require any reasonable adjustments to the selection process, including the interview?

(For example physical access, communication support, personal support)

|  |
| --- |
|  |

A member of the team will contact you in confidence to discuss any adjustments you identify.

If you were appointed to this post, would you require any reasonable adjustments to your job or working arrangements?

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| --- |
|  |

A member of the team will contact you in confidence to discuss any adjustments you identify.

**Thank you for completing Sunderland Mind’s application process.**

Please ensure all three sections are completed and returned to:

Trish Cornish

Sunderland Mind Wellbeing Hub

Church Street East

Sunderland

SR1 2BB

Trish@sunderlandmind.co.uk