

**Application for Employment**

**\*CONFIDENTIAL\***

**This page will be detached from the rest of the form before being forwarded to the shortlisting panel.**

**Candidates must not alter the formatting of this document, including margins, footers and headers. Forms must be returned by email in .doc or .docx format so they can be read and edited in MS Word. Candidates must not add page numbers, nor include their name on any pages other than this front sheet as applications must remain anonymous during the shortlisting process.**

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| **Job applied for:** | **Social Worker (Part-time, Central West)** |
| Closing date: | 12 noon, Monday 16th September 2024 |

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| **1. Personal information** | |
| **Name** |  |
| **Permanent Address** |  |
| **Landline** |  |
| **Mobile** |  |
| **Email** |  |
|  | |
| 2. References | |
| **Two referees are required. One of these should be your current or most recent employer. We will not take up references until after the interview.** | |
| Present/most recent employer | |
| **Name:** |  |
| **Position in organisation** |  |
| **Organisation** |  |
| **Address:** |  |
| **Landline:** |  |
| **Mobile:** |  |
| **Email:** |  |
| Second referee | |
| **Name:** |  |
| **Organisation (if applicable)** |  |
| **Address:** |  |
| **Landline:** |  |
| **Mobile:** |  |
| **Email:** |  |

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| **3. Education** | |
| Please give relevant details of education and qualifications, including current/proposed courses. | |
| Schools/colleges/universities | Qualification(s) |
|  |  |

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| 4. Other training | |
| Please give details of other training undertaken and any membership of professional associations. | |
| **Name of training course/membership** | **Date completed/joined** |
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| 5. Employment | | | | |
| **Current or most recent post (paid or unpaid)** | | | | |
| Start date |  | | Finish date |  |
| Job title | |  | | |
| Organisation | |  | | |
| Salary | |  | | |
| Reporting to (e.g. Service Manager) | |  | | |
| Reason for leaving | |  | | |
| Please give a **brief** description of duties and responsibilities | | | | |
|  | | | | |
| **Previous posts** | | | | |
| Please list all previous employment over the previous 10 years, starting with the post held immediately before the post described above. | | | | |
| **Job title, name of employer and employment date** | | | **Brief description of main responsibilities and salary** | |
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| 6. Shortlisting Criteria |
| When completing this section, please describe your relevant experience or abilities and how these demonstrate how you have met the person specification for the post. You should give clear, specific examples of what you have done or achieved. You may draw these examples from previous employment, voluntary or community work, spare time activities, training, or any other areas that you think might be relevant. |
| **KNOWLEDGE AND EXPERIENCE** |
| **Professional qualification in Social Work and registered with HCPC.** |
|  |
| **Experience of undertaking the care coordination role under the CPA process.** |
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| **Evidence of continued learning and development.** |
|  |
| **Experience of working collaboratively to ensure the best outcomes for a person’s care and support and able to demonstrate the impact of that approach.** |
|  |
| **Experience of and understanding of safeguarding as it relates to children and adults.** |
|  |
| **Experience of positively managing risk.** |
|  |
| **Knowledge and application of current best practice of social work in mental health context and knowledge of statutory duties and responsibilities.** |
|  |
| **SKILLS AND PERSONAL QUALITIES** |
| **Highly organised with the ability to prioritise workload, make informed decisions and evaluate outcomes.** |
|  |
| **Ability to write reports that are clear and include all the relevant information needed under legal requirements.** |
|  |
| **Ability to build kind relationships with colleagues and the people you are supporting.** |
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| **Willingness to work weekends and bank holidays.** |
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| **Willingness to participate in supervision and self-reflection.** |
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| 7. Supporting statement |
| This section is for you to provide any additional information you consider relevant and in support of your application, including your reasons for applying for this post. **Please limit the information to no more than one page**. |
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| 8. Additional information | |
| How/where did you find out about this vacancy? |  |
| Are there any dates when you would be unavailable for interview? (Please note: We will make every effort to take any unavailability into account but we are not required to accommodate all requests). |  |
| Do you need a work permit to work in the UK? |  |
| If yes, please specify. |  |
| If appointed when could you start? |  |
| Do you have any spent or unspent convictions within the terms of the Rehabilitation of Offenders Act? |  |
| Have you been subject to any disciplinary hearings in your present or previous employment? |  |
| If applicable to the post, do you have a driving licence and use of a car? |  |

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| 9. Declaration | |
| **Please place an ‘X’ in the box adjacent to each of the following statements if you are in agreement.** | |
| I declare that the information provided on this form, and on any accompanying documents, is true to the best of my knowledge and belief. I understand that false information may lead to the termination of employment or withdrawal of a job offer. |  |
| I agree that the content of this form and of any accompanying documents may be treated as part of any contract of employment agreed between myself and Manchester Mind. |  |
| I understand that my application form and monitoring form will form part of my personal file and will be treated in accordance with the requirements of the Data Protection Act. |  |

**Please ensure the application form is fully completed before emailing it to** [**recruitment@manchestermind.org**](mailto:recruitment@manchestermind.org)**.**

**Thank you.**

**\*STRICTLY CONFIDENTIAL\***

**Equal Opportunities Monitoring Form: Job Applicants**

**Why we are asking you for information.**

We need information for two reasons:

1) We need to be able to demonstrate that we comply with equality legislation aimed at preventing discrimination in the delivery of services.

2) We want to make our services accessible to all, including those whose particular circumstances make it difficult to get what they need from other mainstream services.

**We can’t establish whether we do either without your information**.

**What will happen with your information.**

Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. It will not be seen by anybody involved in a job/volunteer selection process. No information will be published or used in any way which allows any individual to be identified.

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| **How would you describe your ethnic origin? (please put an ‘X’ in one box only)** | | |
| Asian or Asian British | |  |
| Indian |  |  |
| Pakistani |  |  |
| Bangladeshi |  |  |
| Chinese |  |  |
| East African |  |  |
| Any other Asian background |  |  |
| Please give details |  | |
| Black or Black British | |  |
| Caribbean |  |  |
| African |  |  |
| Any other Black /African/Caribbean background |  |  |
| Please give details |  | |
| Mixed | |  |
| White & Black Caribbean |  |  |
| White & Black African |  |  |
| White & Asian |  |  |
| Any other mixed background |  |  |
| Please give details |  | |
| White | |  |
| British/English/Welsh/Scottish/Northern Irish |  |  |
| Irish |  |  |
| Gypsy or Irish Traveller |  |  |
| Any other white background |  |  |
| Please give details |  | |
| Other Ethnic Group | |  |
| Arab/Middle Eastern |  |  |
| Any other background |  |  |
| Please give details |  | |

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| **How would you describe your religious group? (please put an ‘X’ in one box only)** | | |
| No religion |  |  |
| Buddhist |  |  |
| Christian (all denominations) |  |  |
| Hindu |  |  |
| Jewish |  |  |
| Muslim |  |  |
| Sikh |  |  |
| Other religion |  |  |
| Please give details |  | |

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| **How would you describe your sexual orientation? (please put an ‘X’ in one box only)** | | |
| Heterosexual/Straight |  |  |
| Lesbian/Gay Woman |  |  |
| Gay Man |  |  |
| Bisexual |  |  |
| Other |  |  |
| If Other, please give details |  | |
| Prefer not to say |  | |

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| **How would you describe your gender? (please put an ‘X’ in one box only)** | | |
| Female |  |  |
| Male |  |  |
| Other |  |  |
| Please give details |  | |

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| **Do you identify with the gender you were assigned at birth (e.g. male or female)? (please put an ‘X’ in one box only)** | | |
| Yes |  |  |
| No |  |  |

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| **What is your age group? (please put an ‘X’ in one box only)** | | |
| 16-18 |  |  |
| 19-24 |  |  |
| 25-34 |  |  |
| 35-44 |  |  |
| 45-54 |  |  |
| 55-64 |  |  |
| 65-74 |  |  |
| 75 or over |  |  |

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| **Would you describe yourself as having a disability (physical or mental health)?** | | |
| Yes |  |  |
| No |  |  |
| Please give details |  | |

**By completing this form you have helped us better understand how we can ensure equality and opportunity for all. Thank you for completing the form.**