****

**BRENT MENCAP**

# EMPLOYMENT APPLICATION FORM

1. **DO NOT SEND A C.V. IN PLACE OF YOUR APPLICATION FORM, AS THIS WILL BE DISREGARDED.**
2. **TAKE TIME TO READ THROUGH THE JOB DESCRIPTION AND PERSON SPECIFICATION. PLEASE COMPLETE THE APPLICATION FORM IN FULL. MAKE SURE YOU COMPLETE ALL OF THE BOXES.**

|  |  |
| --- | --- |
| Position applied for: | Where did you see this post advertised? |
| Family Name/Surname: | First names (underline name you are usually known by): |
| National Insurance Number | Email address |
| Permanent address:  Address for Correspondence  Telephone no.:  Daytime telephone no. (if different):  Mobile no: | Under the Asylum & Immigration Act (1996) Brent Mencap is required to check on all new employees before they begin work to ensure that they are legally allowed to work in the United Kingdom.  Are you eligible to work in the United Kingdom?  Yes 🞏 No 🞏  What documentation can you provide in order to demonstrate this?  🞏 British Passport or EU settlement proof 🞏 Birth Certificate  🞏 National Identity Card 🞏 Official document with NI number  🞏 UK Residence Permit 🞏 UK work permit  🞏 Letter from the Home Office 🞏 Immigration Status Document |

**CURRENT OR MOST RECENT EMPLOYMENT (THIS INCLUDES VOLUNTARY WORK**)

|  |  |
| --- | --- |
| Name and address of current or most recent employer / voluntary agency:  Telephone no.:  Can you be contacted at work? Yes / No | Current job title:  Date of appointment:  If no longer in employment, please state date left:  and please give brief reason for leaving: |
| Present salary / salary on leaving:  Current duties and responsibilities: Please give full details and how they would relate to post applied for  When would you be available to take up a new appointment? | |

**Details of ALL EDUCATION & TRAINING - INCLUDING IN-SERVICE /WORK BASED TRAINING COURSES**

(Please continue on a separate sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | | Schools, Colleges, Universities, Organisations | Description of Course | Qualification |
| From  mm/yy | To  mm/yy | Attended (inc. brief address) |  | Attained if any |
|  |  |  |  |  |

**EMPLOYMENT HISTORY - PLEASE LIST ALL STARTING WITH THE MOST RECENT EMPLOYER FIRST. PLEASE EXPLAIN ANY GAPS IN DATES of employment history**

(Please continue on a separate sheet if necessary)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Dates | | Name and address of Employer | Position held & Employment Duties  Key Roles and Achievements | | Salary | Reason for leaving |  |
| From | To |  |  |  | |  |
|  |  |  |  |  | |  |

**REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS ORDER 1975)**

|  |
| --- |
| Brent Mencap is committed to safeguarding children and vulnerable adults from abuse. An enhanced Disclosure and Barring Service Check will be required. This Disclosure will be obtained from the Disclosure and Barring Service before your appointment is confirmed. You will be required to disclose any criminal record(s) you have as part of the application process. Please note that Brent Mencap welcomes applications from applicants with a variety of backgrounds. Criminal records will be reviewed on an individual basis. A criminal record will not necessarily be a bar to obtaining a position with Brent Mencap. |
| Have you ever been arrested , cautioned or convicted of any criminal offence? Yes / No |
| If yes, please give details of date, place, nature of offence and any sentence passed:  Failure to declare convictions/cautions may result in cancellation of any job offer |

**APPLICANTS WITH DISABILITIES**

|  |
| --- |
| Do you consider yourself to be a person with a disability? Yes / No  Please give brief details:  Please outline what assistance if any you need during the recruitment and selection process \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Applicants with disabilities are guaranteed an interview if they show on their application form that they meet the essential criteria** |

**MEDICAL DETAILS**

|  |
| --- |
| Please give details of any relevant health condition which could affect your ability to do your job:  (Brent Mencap are committed to the Equality Act and would endeavour to make reasonable adjustment to the work place.) |
|  |
| How many days have you been absent from work due to illness in the last two years?  How many periods of sickness over 7 days have you had in each of the last 2 years and for what? |
| Please confirm you have had at least 2 Covid 19 vaccinations and will complete the booster and any future vaccinations as required  **yes/no** |

**REFERENCES Please check our requirements detailed below and ensure you comply and provide all details required**

|  |  |  |  |
| --- | --- | --- | --- |
| Brent Mencap requires at least 2 satisfactory references to be able to appoint its workers. We require them from **all** employers in the last 3 years as well as a personal reference. If you have been in just one job, have not done paid work in the last 3 years or have gaps in your employment history we require a personal reference from the head of a training or education establishment, the manager of a voluntary group or other organisation which has known you for the last 3 years as well as another professional person who has known you continuously for the last 5 years. Please ensure your referees are happy to complete our forms and be contacted by phone if required. | | | |
| To speed up the process we will seek references from all short listed candidates. Is that OK? Yes / No | | | |
| **Reference 1 Most recent employer**  **Name**  **Organisation Name and address**  **Phone**  **Email** | **Reference 2 Other employer or education/ personal reference**  **Name**  **Organisation Name and address**  **Phone**  **Email** | **Reference 3 Other employer or personal Reference**  **Name**  **Organisation Name and address**  **Phone**  **Email** |
| **Please use these spaces for other referees if you have had more than 3 employers** |  |  |
| **SUPPORTING STATEMENT**  **SELECTION CRITERIA**  Please use the space below to give details of your skills, abilities, knowledge and experience from your education; employment, home responsibilities and personal life, which you think show how you meet the criteria for this job. Continue on another sheet if necessary.  We have provided a job description and person specification with this form. This gives you information on the skills, experience and abilities we are looking for. You need to show how you meet all the requirements. CVs are not accepted. You may like to number your answers or use headings that relate to each point of the job description and person specification. | | | |

**DECLARATION**

The information given on this form is correct to the best of my knowledge and belief.

I understand that any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brent Mencap is an Equal Opportunities Employer. To help us monitor our performance, there is a questionnaire included with this form. You need not answer if you do not wish to. It will be removed from this application form before interview, as it is for recording purposes only.

**Completed forms should be returned by midday on closing date on job description by email or by post. Applications received after the closing time will be disregarded.**

**Please send to Office Manager Brent Mencap, 379-381 High Road, Willesden, London, NW10 2JR or email completed application form to info@brentmencap.org.uk**

# Brent Mencap Diversity Monitoring Questionnaire

# We need to know this information so we can be sure we offer a fair service and employ a diverse workforce. Our Funders also ask us to give them information about the people we give services to or employ

# Please tick the relevant boxes. It is confidential. If you don’t want to give all or some of your details please tick the bottom box “prefer not to say”

I would describe my race or ethnic origin as

|  |  |
| --- | --- |
| Asian Bangladeshi |  |
| Asian Indian |  |
| Asian Pakistani |  |
| Asian British |  |
| Asian Other (Please specify) |  |
| Black African |  |
| Black Caribbean |  |
| Black British |  |
| Black Other (Other Please Specify) |  |
| Chinese |  |
| Chinese British |  |
| Chinese other |  |
| Mixed - white and Asian |  |
| Mixed – white and Black African |  |
| Mixed - white and Black Caribbean |  |
| Mixed Other (Please Specify) |  |
| Other (Please Specify) |  |
| White - British |  |
| White – Irish |  |
| White – Other (Please Specify) |  |
| Prefer not to say |  |

# Gender

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

Belief

|  |  |
| --- | --- |
| Christian |  |
| Muslim |  |
| Jewish |  |
| Buddhist |  |
| Sikh |  |
| Jain |  |
| Hindu |  |
| Baha’i |  |
| Other (Please specify) |  |
| No religion |  |
| Prefer not to say |  |

Age Please tick box your age falls into

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0-4 | 5-11 | 11-16 | 16-18 | 18-25 | 26-35 | 36-45 | 46-55 | 56-65 | Over 65 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability | Yes |  | No |  |

Sexual Orientation (Only answer if you are aged 16 or above)

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