**MENTAL HEALTH RESIDENTIAL LTD**

71 London Road, Southborough, Kent TN4 0NS

MHR Company Registration No 2934188

Registered Charity No 1038726

Email office@mhr71london.co.uk

Telephone No 01892 515520

**APPLICATION FORM**

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| **Position applied for:** |  |

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| **PERSONAL INFORMATION** |
| **First Name:** |  | **Surname** |  |
| **Middle Names (even if not used)** |  | **Preferred Title** | **Mr/Mrs/Miss/Ms/Other……** |
| **Telephone numbers** |  | **NI Number** |  |
| **Mobile** |  | **Email:** |  |
| **Address:** |  |
| **Post code:** |  | **Date moved to this address** |  |
| **If you have moved in the last 5 years, please put your previous address here (otherwise leave blank)** |
| **Previous address** |  |
| **Post code:** |  | **Date moved to this address** |  |

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| **Do you have a current full Driving Licence?** | **Yes/No** | **Do you have any endorsements (If yes please provide details below)** | **Yes/No** |
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| **Do you have your own Transport?** |  |

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| **How did you find out about the vacancy?** |  |

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| **HEALTH** |
| **Do you consider yourself to have a disability? Yes / No****Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process****Are you a registered disabled person? Yes / No** |

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| **To the best of your knowledge, do you have any connection with any past or present resident, member of staff or director of Mental Health Residential Ltd?** | **Yes/No** |
| **If yes, please provide details?** |

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| **RIGHT TO WORK IN THE UK** |
| **Do you have a current UK/EU/EEA Passport?** | **Yes / No** | **Do you have a full UK Birth Certificate****(i.e. including parents’ names)?** | **Yes / No** |
| **If NO to the first 2 questions, do you have a Work Permit to work in the UK?** **We will contact you privately about this. This information will not be made known to the interview selection panel.**  | **Yes / No** | If Yes, please provide the following:**Work Permit Number: Renewal Date:** |
| **Are you free to remain and take up employment in the UK?** | **Yes/No** |  |

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| **EMPLOYMENT DETAILS: Current or Last Employment** |
| **Employer’s Name & Address** |  |
| **Start Date** |  | **Are you still employed by them?** | **Yes / No** | **If NO: Date you left them:** |  |
| **Job title & Brief Job Description** |  |
| **Reason(s) for leaving** |  |
| **Salary**  | **per hour / month / year** | **How much notice do you need to give?** | **Days / Weeks** | **Tick if no notice is Required**  |  |

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| **PREVIOUS EMPLOYMENT: (most recent first). This must be complete employment history since leaving school, including any gaps in employment - please give explanations. Please list on separate sheet if necessary. You may use a signed CV to list previous employment:** |
| **Dates Employed** | **Name & Address of Employer** | **Job Title & Brief Details of Responsibilities** | **Reason(s) for Leaving** |
| **From**  | **To**  |
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| **QUALIFICATIONS: Please provide details of any Education (GCSE, A levels, College, University etc.) Professional & Work-based qualifications achieved** |
| **Qualifications** | **Level/ Grade** |
| *continue on a separate sheet if necessary* |  |

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| **If offered this position, will you continue to work in any other capacity?** | **Yes/ No** |
| **If yes, please provide the name and address of your employer and details of the days and hours you work:** |  |

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| **REFERENCES** |

**Please list below THREE people who we could approach for a reference on your behalf, one of these must be your current employer (or last employer, if you are not currently employed); one other should be someone who knows you well (e.g. a work colleague, or personal tutor in the case of a student etc.). None of the referees may be someone related to you.**

**Please note: we are required by Care Quality Commission (CQC)/Supporting People (SP) our registration authority, to thoroughly investigate all applicants we are likely to employ and make random checks on past employers.**

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| ***Employment Reference*: Please give the names and addresses of your two most recent employers (if applicable). If you not able to do this\*\*, please give details who your referees are. A third person should be listed who should be someone who knows you well but must not be a relative.**  |
|  | **Reference 1: Most Recent Employer** |  | **Reference 2: Previous Employer\*\*** |
| **Name**  |  |  |  |
| **Organisation Name**  |  |  |  |
| **Organisation Address (Do Not Give Home Address of Manager/Other Employee)** |  |  |  |
| **Post Code** |  |  |  |
| **Phone Number** |  |  |  |
| **Work Relationship** |  |  |  |
| **E-mail Address** |  |  |  |

**\*No approach will be made to your present employer or past employer before an offer of employment is made to you.\***

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| ***Third Reference* (Someone who can provide a Character Reference, e.g. a work colleague or another person who is not a relative)**  |
| **Full Name**  |  |
| **Address**  |  |
| **Post Code** |  | **Phone Number** |  |
| **Relationship to them** |  |

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| **OTHER INFORMATION** |

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| **Please provide a concise account of any further information, not previously covered, that you may feel is important to support your application. This may include relevant experience, skills, knowledge, achievements, interest, hobbies, personal attributes or ambitions and why you think you should be considered for this post:** |
| **Interests, Hobbies, Personal Attributes:** |
| **Why should MHR consider you for this post?** |

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| **Criminal Convictions So as to protect vulnerable people in care, it is a requirement that all staff must declare whether they have any convictions, cautions etc. (even if they are “spent” i.e. several years old). Only those convictions which would make a person unsuitable for the position applied for will be taken into account, minor or unrelated convictions will be ignored. Even if you do not have any convictions, you will need to have a new Enhanced DBS Disclosure. This position is exempt from the Rehabilitation of Offenders Act.1974** |
| **Have you ever been convicted of any offence (including driving offences)?** | **Yes** |  | **No** |  |
| **Are you currently or think you maybe, charged with an offence?** | **Yes** |  | **No** |  |
| **Have you received any cautions, reprimands or final warnings?** | **Yes** |  | **No** |  |
| **Are you currently aware of any police investigations or any pending prosecutions?** | **Yes** |  | **No** |  |

**Data Protection Statement:**

Mental Health Residential Ltd are committed to applying and complying with the principles and regulations as stated in the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) (25 May 2018).

For the purposes of this form we are collecting your personal data for HR and administrative purposes only.

The rights of the individuals, whose data we hold, have in no way been infringed. Their personal data has been used, stored and destroyed as per the principles and regulations set out in Legislation and in accordance with the Company’s Policies and standards.

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that to the best of my knowledge all the information supplied above is true and accurate. Any false statement may be sufficient cause for rejection or if employed dismissal.**

 **I am aware that my personal details provided will be used by Mental Health Residential Ltd. for HR and Administrative purposes only, and will be used, updated and destroyed in accordance with Data Protection Law.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send the completed form to:**

**The House Manager: 71 London Rd., Southborough, Kent TN4 0NS**

**Email:** office@mhr71london.co.uk

**Telephone: 01892 515520**