**Application Form: A1**

**Reference Number (office use): \_\_\_\_\_\_\_\_\_\_**

CONFIDENTIAL

**Please refer to explanatory notes for completion**

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| **APPLICATION FOR POST OF: MENTAL HEALTH WORKER FOR OLDER PEOPLE** |
| **PERSONAL DETAILS** |
| Name: |
| Address: |
| Telephone Contact Number(s): |
| E-mail: |

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| --- |
| **REFERENCES** |
| Give details of two referees, including your current or most recent EMPLOYMENT |
| If successful in moving to the 2nd stage of recruitment would you be willing to give **Northside** **Family Resource Centre** your permission to contact the two referees for a reference?  Yes  No |

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| **1. CURRENT OR MOST RECENT EMPLOYMENT (Supervisor or Line Manager)** |
| Name: |
| Position: |
| Company: |
| Email: |
| Telephone No: |

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| **2. Second Reference** |
| Name: |
| Position: |
| Company: |
| Email: |
| Telephone No: |

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| A panel will be created for 12 months should a similar position arise. Would you (please tick preference): | like to be included on the panel should you be successful? |  |
| prefer to be excluded from any future panel? |  |

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| **DECLARATION** |
| I certify that the information given in this application is accurate and complete to the best of my knowledge.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please note that the signing of this application form (forms A1 and A2) indicates that you have read the job description and any other information issued by the Company and you comply with the requirements of the post. Any false statements may result in the application being declared invalid. |

**Application Form: A2**

**Reference Number (for office use):\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIDENTIAL**

**Please refer to explanatory notes for completion**

**APPLICATION FOR POST OF: MENTAL HEALTH WORKER FOR OLDER PEOPLE**

**Current Position/Most Recent Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Company** | **Started** | **To** |
|  |  |  |  |
| **Experience and Knowledge gained** |  | | |
| **Skills and abilities developed** |  | | |
| **Responsibilities held** |  | | |
| **Additional Information** |  | | |

**Previous Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Company** | **Started** | **To** |
|  |  |  |  |
| **Experience and Knowledge gained** |  | | |
| **Skills and abilities developed** |  | | |
| **Responsibilities held** |  | | |
| **Additional Information** |  | | |

**Career History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** | **Company:** | **Started:** | **To:** |
|  |  |  |  |
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**EDUCATIONAL DETAILS**

Starting with the most recent, list all Certificates, Diplomas and/or Degrees and specify dates of attainment

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| --- | --- | --- | --- |
| **Institution** | **Level/Award** | **Subject** | **Year Awarded** |
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**OTHER TRAINING**

|  |  |  |
| --- | --- | --- |
| **Subject** | **Training Body** | **Year Completed** |
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| **Membership of professional bodies/voluntary organisations/etc** |
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| **Other experience and skills relevant to the position** |
| Please outline your experience, skills, and abilities in relation to the post of Mental Health Worker for Older People. In your answer please outline the length of time you were engaged in the relevant activity. |
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| **Why are you applying for the position?** |
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| **Have you a full driving licence and a car for work?** |
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