

# **CONFIDENTIAL**

## BASILDON MIND – APPLICATION FOR STUDENT PLACEMENT

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** |  | | |
| **Closing Date:** |  | | |
| **Full Name:** |  | | |
| **Address and Post Code:** | **Email:** | **Telephone:** | **Mobile:** |
| **Is it in order for us to contact you at work? YES or NO** | **Please state times and days when would not wish to be contacted:** | | |

**EDUCATION AND TRAINING:**

|  |  |  |
| --- | --- | --- |
| **Secondary School** | **Subject / Grades Obtained** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Educational establishment (post-secondary)** | **Qualifications / Grades obtained** | **Dates** |
|  |  |  |
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|  |  |  |
|  |  |  |
| **Professional / Technical** | **Grades obtained:** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Relevant training:**  *Please give details of any other qualifications and/or training you have undertaken relevant to the post for which you have applied:* | |  |

**EMPLOYMENT HISTORY:**

Starting with current job (if employed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Address of Employer** | **Date from** | **Date to** | **Position held** | **Reasons for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Current Salary:** | **Per Week**  **£** | **Per Annum**  **£** | **Grade:** | **Notice required by present employer:** |

**PLACEMENT AVAILABILITY:**

|  |  |  |
| --- | --- | --- |
| What days and times would you be available to carry out your placement? | Monday  Tuesday  Wednesday  Thursday  Friday  Saturday | *please circle which apply*  10am-1pm, 1pm-4pm, 4pm-8pm  10am-1pm, 1pm-4pm, 4pm-8pm  10am-1pm, 1pm-4pm, 4pm-8pm  10am-1pm, 1pm-4pm, 4pm-8pm  10am-1pm, 1pm-4pm  10am-2pm |
| If offered a placement, when could you start? |  |  |

**HEALTH:**

Have you any medical condition that you wish to tell us about?

**DBS REQUIREMENT:**

*Basildon Mind requires all applicants to have an Enhanced Child and Adult DBS certificate.*

*Can you please complete the following information.*

|  |  |
| --- | --- |
| Are you signed up to the update service? | Yes/No |
| DBS Certificate No: |  |
| Update Service No: |  |
| Last name on certificate: |  |
| Date of birth on certificate: |  |
| Do you give consent for Basildon Mind to check your DBS status online? | Yes/No |

**FITNESS TO PRACTICE CERTIFICATE:**

Do you have a current fitness to practice certificate? **Y/N**

Can you provide a copy of your fitness to practice certificate when you return the application **Y/N**

**CRIMINAL CONVICTIONS:**

**Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)**

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a criminal offence? | | YES / NO |
| If Yes, please give particulars. Because of the nature of the work for which you will be involved, you must provide information about convictions under the provision of the Rehabilitation of Offenders Act 1974.  In the event of being accepted by Basildon Mind, any such information given will be treated in complete confidence. | |  |
| I agree to disclose information requested: | Signed: | |
| I do not agree to disclose information requested: | Signed: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Place** | **Type of offence** | **Fine imposed / sentence** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please continue on a separate sheet if necessary**

### INFORMATION ABOUT YOURSELF

**Briefly describe your present job, or your last job if not employed.**

**SUPPORTING STATEMENT**

**Please state (one page) how your learning, skills or experience are relevant to the role, including relevant skills gained through voluntary work and/or community activities.**

**REFERENCES:**

**Please give two referees, one of whom should be your current employer or most recent employer or college tutor if possible**. *Please note you should not add family members or friends as referees*.

**Name: Name:**

**Job title: Job title:**

**Relationship to applicant: Relationship to applicant:**

**Address: Address:**

**Telephone No. Telephone No.**

**Email Address: Email Address:**

**Do you give permission for us to contact your current or most recent employer / college prior to interview? YES/NO**

***Basildon Mind is opposed to discrimination on any grounds. In particular, we oppose discrimination on the grounds of race, ethnic origin, sex, sexuality, marital status, disability and age. We aim to appoint based on an individual’s competence and potential to carry out the role successfully.***

**PLEASE NOTE:**

The inclusion of information which is incorrect, or the failure to include relevant information will disqualify you from consideration, or if you are appointed, may lead to the termination of your placement.

***I declare that the information I have given on this form is correct:***

***Signed***

***Dated:***

**Please return your completed form by email to:** [**counselling@basmind.org**](mailto:counselling@basmind.org)

**Or, by post to**

Counselling Manager

Basildon Mind

440-442 Whitmore Way

Basildon

Essex

SS14 2EZ

 ***Basildon Mind is committed to meeting National Mind’s Quality Standards***

