

Application Form

Please fill out all of the questions below. We might not be able to take forward applications that do not have all of the information needed.

There is an optional diversity form at the end of the application. We welcome applications from all sections of the community.

Personal Details	
Title (Mr, Ms, Mx, Dr etc)	
First Name (s)	
Surname	
Preferred Name	
Phone Number	
Alternative Phone Number	
Email Address	
Postal Address	
Post Code	

Application Questions

Please describe your lived experience with mental health is. For example what services have you used, where were they based, and when did you use them?

Looking at the role description please explain how you meet the essential skills and approaches.

Consent to Hold Information

The information you have provided will be held on account for 6 months for the purpose of processing your application. By completing this application form, you consent to process your information for this purpose under the Data Protection Act 2018.

Signature _____ Date _____

DBS

Applicants who are successful at interview will have an enhanced DSB check. This will show any previous convictions either classified as "spent" or "unspent".

If you do have convictions, cautions, reprimands or final warnings your case will be considered on an individual basis dependent on the circumstances and nature of the conviction, in deciding on if it has any relevance in your current application. Having a disclosure will therefore not automatically bar an applicant from being offered a role.

All information will be treated with the strictest of confidence; however failure to disclose convictions, cautions, reprimands or final warnings could result in the Trust not proceeding with your application.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

- Yes. Please provide details below, continue onto a separate sheet if needed
- No

Date	Details	Outcome

Diversity Monitoring- Optional

Please take a few moments to complete this optional form. All information will be treated in confidence and it will be used to help us better understand who is involved with AWP. The information you may provide does not form part of your application.

Q1 Please indicate which term you feel best describes your gender

- Male
- Female
- Trans*gender
- Other _____
- I not wish to disclose my gender identity

Q2 Please indicate your age group

- 18 – 25
- 26 – 35
- 36 – 45
- 46 – 55
- 56-65
- 66 – 75
- Over 75
- I do not wish to disclose my age

Q3 Please indicate the term you feel best describes your ethnic background as:

White

- White – British
- White – Irish
- Other White background

Mixed

- White and Black Caribbean
- White and Asian
- White and Black African
- Other mixed

Black

- Black or Black British

Black Caribbean

Black African

Other Black

Asian

Asian or Asian British

Bangladeshi

Chinese

Indian

Pakistani

Other Asian

Other

Other Ethnic Group

I would prefer not to say

Q4 Do you consider yourself to have a disability?

Yes

No

I do not wish to disclose

Q5 If 'yes' please describe your disability:

Physical impairment

Sensory impairment

Mental health condition

Learning difficulty/ disability

Long standing illness

Other

I do not wish to disclose

Q6 Please indicate your religion or beliefs:

Atheism

Buddhism

Christianity

Hinduism

Islam

Judaism

Other

I do not wish to disclose

Q7 Which term would best describe your sexual orientation?

Bisexual

Gay

Heterosexual (straight)

Lesbian

Other

I do not wish to disclose