



APPLICATION FORM

POST: Wellbeing Support Worker

PERSONAL DETAILS

Name:	
Address:	
Telephone day:	Telephone evening:
Email:	

EDUCATION AND TRAINING (please complete or attach your CV)

Dates: from - to	Institution	Achievements

Please continue on a separate sheet if necessary.

EMPLOYMENT AND VOLUNTEER HISTORY (please complete or attach your CV)

Dates: from - to	Position held	Organisation	Brief overview of main duties

Please continue on a separate sheet if necessary.

Please describe briefly why you would like to work for West Kent Mind.

Please describe below how you meet each part of the person specification and why you should be appointed to this post.

Continued...

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Please continue on a separate sheet if necessary.

## REFERENCES

Please note names and addresses of two persons from whom we may obtain both character and work experience references. Please state how the person is known to you.	

Are there any restrictions to you taking up employment in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any member of the charity's Board of Trustees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## DECLARATION

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service/Disclosure Scotland/Access Northern Ireland for an enhanced disclosure. I understand that should I fail to do so or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

Please return your completed application to reach us by midday on Friday 31 May 2019.

Post to:

P/A to Chief Executive  
West Kent Mind  
34 St John's Road  
Sevenoaks TN13 3LW

or email to:

[hello@westkentmind.org.uk](mailto:hello@westkentmind.org.uk)