

**Private and Confidential**

**Application Form**

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| **Position Applied for:** |
| **Please state the days and times you have available to commit to working with Time to Heal:** **Day(s): Time from and to:**  |
| **First Name:** |
| **Surname / Family Name:** |
| **Date of Birth:** |
| **Address:** **Postcode:** |
| **Contact Telephone Number:** |
| **Email Address:** |
| **Relevant Professional Qualifications** |
| **Training Institution/College** | **Qualification Obtained** |
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| **Higher Education** |
| **University** | **Qualifications Obtained** |
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| **Other Relevant Professional Training (E.g. CPD)** |
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| **Membership of Professional Associations** |
| **Name**  | **Year of Membership** | **Grade/Level** |
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| **Current or Most Recent Employment** |
| **Position Held:****Brief Description of Duties:****Dates from and to:****Name of Employer:****Contact Details of Employer (Address, Phone number, Email):****Reason for Leaving:** |
| **Past Employment Starting with Most Recent** |
| **Job Title:****Employer Details:****Dates from/to:****Reason for Leaving:** |
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| **Personal Statement** |
| **Referring to the person specification, please use this section to tell us how your experience, main achievements, skills and knowledge make you a suitable candidate for this post. You may draw on all aspects of your experience and education, and include paid and unpaid employment.**  |
| **Criminal Convictions** |
| Because of the nature of the work for which you are applying, you are required to disclose any criminal convictions, cautions or bind-overs which you have incurred, including any that would be regarded as ‘spent’ under the Rehabilitation of Offenders Act 1974 (Exception) (Amendment) Order 1986. If you are offered employment, an Enhanced Disclosure will be sought from the Criminal Records Bureau before the appointment is confirmed. This will provide details of any criminal convictions, cautions, reprimands and final warnings, and any other information that may have a bearing on your suitability for the post.Disclosure of a criminal background will not necessarily exclude you from employment – this will depend upon the nature of the offence(s), frequency and when they occurred. Failure to declare a conviction, caution or bind-over may disqualify you from an appointment, or result in summary dismissal if the discrepancy comes to light.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever been convicted by the courts or cautioned, reprimandedor given a final warning by the Police of a criminal offence? **Yes [ ]   No** **[ ]** If **YES**, please give brief details of the offence, including the date of the conviction. Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post? **Yes [ ]  No** **[ ]** If your answer is yes, you should provide brief details on a separate sheet, marked confidential. The information you will provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying.Do you have any criminal charges or summonses pending against you? **Yes [ ]  No [ ]** If **Yes**, please give details.      |
| **References** |
| **We will only take up references if we offer you a post and you formally accept.**Please provide the name, address and contact phone number of at least ONE referee.They should be your most recent employer, or if appropriate, supervisor or counselling course tutor.**Name:** **Address:** **Contact Phone Number:** **Email Address:** **Please state the capacity in which you know this person:** |
| **Declaration** |
| * **I understand that an offer of appointment will be subject to satisfactory references, CRB clearance, proof of identity and qualifications.**
* **I understand that providing false or misleading information will disqualify me from appointment or if appointed will render me liable to summary dismissal.**
* **I declare that the information I have given is, to the best of my knowledge, true and complete. I agree that the information given may be used for registered purposes under the Data Protection Act 1998.**
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| **Signed:** | **Date:** |

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| **Please submit completed application forms to:****contact@timetohealtherapy.co.uk, with the heading ‘Application Form’.****If selected for interview you will be required to provide relevant electronic proof documents, for the role. These will be some or all of the following:** * Passport/Driving licence
* Counselling/Psychotherapy qualification
* Professional Indemnity Insurance certificate
* Accreditation with National Counselling Society/UKCP/BACP or equivalent body
* DBS online info/CRB Certificate
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**Thank you for your interest in our organisation. We look forward to receiving your application soon.**