**APPLICATION FORM: CLINICAL**

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| --- | --- |
| Title of role applied for:  |  |
| Where did you hear about this role? |  |
| Have you applied for a role at Blue Smile before? If ‘Yes’, please give details. |  |
| 1 PERSONAL DETAILS |
| Surname: |  | Former surname: |  |
| First name(s): |  |
| Address: | Tel (home): |  |
|  | Tel (mobile): |  |
| Email: |  |

**2 EDUCATIONAL AND PROFESSIONAL INFORMATION** (Original documents will be required.

|  |  |  |  |
| --- | --- | --- | --- |
| University or other institution **(include current course of study if applicable)** | Dates | Course and qualification | Result |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| Other relevant education or professional courses, with dates: |
|  |
| Personal counselling and psychotherapy (with dates and orientation):  |
|  |
| Membership of professional bodies (Including type of membership and registration number where appropriate): |
|  |
| Professional status (e.g. trainee, qualified - working towards accreditation, accredited, other (please specify): |
|  |
| Theoretical model (theoretical training and orientation): |
|  |
| Supervision (please give details of any current supervision): |
|  |
| For clinical placements: placement required, number of hours and clients and any other preferences. |
|  |
| **Please tell us the days and hours that you are available for placement.** |
|  |

**3 PRESENT POST**

|  |  |
| --- | --- |
| Title of post: |  |
| Name of employer: |  |
| Address: | Salary: |  |
|  | Employer’s business |  |
| Start date: |  |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): |
|  |
| Reason for leaving or wishing to leave: |  |
| Period of notice required to terminate your present employment: |  |
| Please tell us of any dates you are unavailable for interview: |  |
| **4 PREVIOUS EMPLOYMENT**(Please use continuation sheet if necessary.) |
| Name of employer: |  | Position held: |   |
| Address: |  |
| Start date: |  | End date: |  |
| Reason for leaving: |  | Final grade/salary: |  |
| Description of duties: |
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|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer: |  | Position held: |   |
| Address: |  |
| Start date: |  | End date: |  |
| Reason for leaving: |  | Final grade/salary: |  |
| Description of duties: |
|  |
| Name of employer: |  | Position held: |   |
| Address: |  |
| Start date: |  | End date: |  |
| Reason for leaving: |  | Final grade/salary: |  |
| Description of duties: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer: |  | Position held: |   |
| Address: |  |
| Start date: |  | End date: |  |
| Reason for leaving: |  | Final grade/salary: |  |
| Description of duties: |
|  |

**5 RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE**

This information is used in the shortlisting of candidates for interview. Using the role description, please give details of how your skills and experience meet the requirements of this role.

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**6 YOUR REASONS FOR APPLYING FOR THIS ROLE**

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**7 YOUR INTERESTS OUTSIDE WORK**

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| --- |
|  |

**8 DRIVING**

|  |  |  |
| --- | --- | --- |
| Do you hold a current driving licence? | Yes | No |
| Do you have access to a car? | Yes | No |

**9 DISABILITIES**

|  |  |  |
| --- | --- | --- |
| If selected for interview, do you require any special arrangements to be made on account of a disability? | Yes | No |
| If ‘Yes’, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfil our obligations under the Equality Act 2010: |
|   |

**10 REHABILITATION OF OFFENDERS ACT 1974**

|  |  |  |
| --- | --- | --- |
| Have you any convictions that are not spent under the Rehabilitation ofOffenders Act and are not minor motoring offences? | Yes | No |
| Have you any unprotected spent convictions and cautions (roles working with children requiring an enhanced DBS check only)? | Yes | No |
| If yes to either question, please provide further details separately, marked CONFIDENTIAL.  |

**11 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS**

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| --- |
| This post is subject to Enhanced DBS checks. If the disclosure reveals something that does not meet the requirements of the role, any offer of employment or placement will be withdrawn.  |
| Do you hold a current registration with the DBS Update Service?  | Yes | No |
| If you have lived in a country outside the UK, do you have a certificate of good conduct from that country?  | Yes | No |

**12 References**

(For students or recently qualified counsellors/therapists, the first reference should be from your course tutor. For experienced practitioners, the first reference should be from your current or most recent employer.)

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Title: |  |
| Full name: |  | Full name: |  |
| Job title: |  | Job title: |  |
| Organisation: |  | Organisation: |  |
| Address: |  | Address: |  |
|  |  |
| Tel no: |  | Tel no: |  |
| Email: |  | Email: |  |
| May we obtain this reference prior to interview? | Yes | No | May we obtain this reference prior to interview? | Yes | No |

**13 Declaration** (Right to work questions only apply to paid employment.)

|  |  |  |
| --- | --- | --- |
| Do you have the right to work in the UK? | Yes | No |
| Do you need a work permit to be employed in the UK? | Yes | No |
| If you already have a work permit, when does it expire?(Please note that your current work permit may not be valid for this post.) |  |

|  |
| --- |
| * I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form, this will be sufficient grounds for terminating my employment or placement.
* I authorise Blue Smile to make any appropriate checks necessary in relation to the role I am applying for.
* I agree that personal data obtained by Blue Smile relating to this application and the data provided on this form may be held and processed by Blue Smile on computer or in manual records. Blue Smile may use it for any purpose relating to this application. I give permission for the storage and processing of personal information by Blue Smile.
 |
| Signature: (May be typed) |   |
| Name: |   | Date: |   |

Please return your completed application form, to arrive by the closing date if relevant, by email to: **vicki.osborne@bluesmile.org.uk.**

Or you may return your form to: **Blue Smile, Recruitment (Clinical), 47-51 Norfolk Street, Cambridge CB1 2LD**.