**APPLICATION FORM: CLINICAL**

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| --- | --- |
| Title of role applied for:  | SENIOR THERAPIST |
| 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: |  |
| Preferred contact method: |  |  |

**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 |
| Start | End |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| Other relevant education or professional courses, with dates: |
|  |
| Personal counselling and psychotherapy (with dates and orientation):  |
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| 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): |
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| For clinical placements: placement required, number of hours and clients and any other preferences. |
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| **Please tell us the days and hours that you are available to work.** |
|  |

**3 PRESENT POST**

|  |  |
| --- | --- |
| Title of post: |  |
| Name of employer: |  |
| Address: | Salary: |  |
|  | Employer’s business |  |
| Start date: |  |
| Please outline your responsibilities, particularly those relevant to the role applied for. |
|  |
| 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: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 arrangements 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 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS**

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| --- |
| If this role involves contact with children, you will be required to undergo the relevant vetting and barring 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 have an Enhanced DBS registered with the Update service? (Original documents will be required) | Yes | No |
| If you have lived in a country outside the UK for more than 3 months in the last 5 years, do you have a certificate of good conduct from that country? (Original documents will be required) | Yes | No |

**11 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: |  |
| Relationship to applicant: |  | Relationship to applicant: |  |
| 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 |

**12 Declaration**

|  |  |  |
| --- | --- | --- |
| Do you have the right to work in the UK? (Original right to work documentation will be required). | Yes | No |
| Do you need a work permit to be employed in the UK? (Original documentation will be required). | 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.) |  |

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| * 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 in line with Blue’s Smile’s Data Protection Policy and Procedures.
* I confirm that I have completed and returned the relevant Criminal Record Declaration form
 |
| Signature: (May be typed) |   |
| Name: |   | Date: |   |

Please send your completed application form and your criminal record declaration form to:vicki.osborne@bluesmile.org.uk.

Or you may return your form to: Vicki Osborne, Clinical Administration & Recruitment Manager, Blue Smile, 47-51 Norfolk Street, Cambridge CB1 2LD.

Criminal record declaration form for roles exempt from the Rehabilitation of Offenders Act (ROA)

You have been asked to complete this form because the role you have applied for is exempt from the Rehabilitation of Offenders Act 1974 as it involves contact with children. The information disclosed on this form will not be kept with your application form during the application process. All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a legal right to access any information held about you.

Recruiting applicants with criminal records

This role is exempt from the Rehabilitation of Offenders Act 1974 and therefore applicants are required to declare:

* All unspent convictions and conditional cautions
* All spent convictions and adult cautions that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2020).

For further information on filtering please refer to [Nacro guidance on filtering](https://www.nacro.org.uk/wp-content/uploads/2014/06/practical-guidance-on-dbs-filtering.pdf)

We recognise the contribution that people with criminal records can make as employees, contractors and volunteers and welcome applications from them. A person’s criminal record will not, in itself, debar that person from being appointed to this post. Any information given will be treated in the strictest confidence. Suitable applicants will not be refused roles because of offences which are not relevant to, and do not place them at or make them a risk in, the role for which they are applying.

All cases will be examined on an individual basis and will take the following into consideration:

* Whether the conviction is relevant to the position applied for.
* The seriousness of any offence revealed.
* Your age at the time of the offence(s).
* The length of time since the offence(s) occurred.
* Whether the applicant has a pattern of offending behaviour.
* The circumstances surrounding the offence(s), and the explanation(s) provided.
* Whether your circumstances have changed since the offending behaviour.

It is important that applicants understand that deliberate attempts to conceal the information requested in this form could result in disciplinary proceedings or dismissal. Further advice and guidance on disclosing criminal records can be obtained from [Nacro’s Criminal Record Support Service](https://www.nacro.org.uk/criminal-record-support-service/).

Criminal record declaration form (exempt positions)

|  |  |
| --- | --- |
| Position applied for: |  |
| Name of applicant: |  |
| Previous name of applicant: |  |
| Current address: |  |
| Previous address (if resident of current address for less than 5 years) |  |
| Date of birth: |  |

|  |
| --- |
| **Do you have any unspent convictions or conditional cautions?****Yes 🞏 No 🞏****Do you have any spent adult cautions (simple or conditional) or convictions that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)?****Yes 🞏 No 🞏**If you have answered yes to either question, you now have two options for disclosing your criminal record. **Option 1:** You can disclose your criminal record on a separate sheet provided that you mark a cross on the line below and attach the details in an envelope stapled to this form. The envelope should be marked CONFIDENTIAL and state your name and details of the post.I have attached details of my conviction separately\_\_\_\_\_ (please mark with an X if appropriate.)**Option 2:** Please provide details in the space below. |
| **DECLARATION**I declare that the information provided on this form is correct. I understand that the declaration of a criminal record will not necessarily prevent me from being offered this role at Blue Smile.**Signed: Date:** |

Please return this form to:

Vicki Osborne

Clinical Administration and Recruitment Manager

Blue Smile

47-51 Norfolk Street

Cambridge

CB1 2LD

vicki.osborne@bluesmile.org.uk