**APPLICATION FORM**

1. **Please fill in all sections**
2. **Do not attach your CV as it will not be considered**
3. **You will need to attach copies of your certificates for any counselling qualifications that are relevant to this application**
4. **Return by the deadline to Claire Godward CEO** [**director@relatecambridge.org.uk**](mailto:director@relatecambridge.org.uk)

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| **Application for the post of:** | |
| Counsellor – please specify below which services you are trained to deliver  Placement student- please specify below which service you are applying to train in.  Clinical Supervisor- please specify below which services you are trained to supervise.  **Please confirm which of the following services you are trained to deliver/supervise:**  Relationship  Individual adult counselling  Children under 11yrs  Young people 11-18yrs  Family counselling  Sex therapy  Sex addiction  Other – please specify :   |  | | --- | |  |   **PERSONAL INFORMATION** *(In block capitals or typescript please)* | | | | | | |
| First Name: |  | | Last Name : | |  |  | |
| Address :  (*including postcode*) |  | | | | | |
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| Email : |  | | | | | |
| Telephone number | | | | | | |
| Home : |  | | | Mobile : |  | |

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| **EDUCATION/QUALIFICATIONS AND TRAINING** | | |
| Please include all relevant qualifications obtained and other training courses attended. *\*****You must attach copies of any relevant counselling qualifications please.*** | | |
| ESTABLISHMENT | DATE OBTAINED/ATTENDED | QUALIFICATION(s)/TRAINING |
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| **PRESENT / MOST RECENT OCCUPATION** | | | | | | | | | | | | | | | |
| ORGANISATION | | | | JOB TITLE | | | START DATE | | END DATE  *(if applicable)* | | SALARY | | | | |
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| Brief description of your role (your main reason for leaving, if applicable): | | | | | | | | | | | | | | | |
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| **PREVIOUS OCCUPATIONS** *(most recent first)* | | | | | | | | | | | | | | |
| ORGANISATION | | | JOB TITLE | | | START DATE  (Month/year) | | | END DATE  (Month/year) | | | REASON FOR LEAVING | | |
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| **PLEASE TELL US WHY YOU WISH TO APPLY FOR THIS ROLE**, why you are the best person for the role and how you are qualified to do so. Please demonstrate using examples how you are suitable for the role by giving relevant details of your experience, skills and knowledge gained in employment, voluntary work or elsewhere.  *(Please do no more than 1000 words)* | | | | | | | | | | | | | |
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| **Counsellors and Trainees only :**  Please confirm whether you are available for both remote counselling and face to face counselling (from one of our centres) as required.  **Yes No**  Please confirm you can commit to a minimum of 6 hours counselling per week ( placements) or 8 counselling hours per week ( qualified )  NB Out of county on line counsellors must do 50% of those hours before 9am, after 5.30 pm or on a Saturday. In County counsellors are required to offer 50% of their hours face to face.  **Yes No**  **Supervisors only:**  Please confirm how many hours per week you have available for this role  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*PLEASE CONFIRM YOU HAVE ATTACHED ALL RELEVANT CERTIFICATES FOR RELEVANT QUALIFICATIONS ( as indicated above \*).**  Yes no  **If not please explain why below**  **DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?**  Yes No  Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process  DBS  You will require an up to date and satisfactory DBS to undertake this role. If you already hold one please supply the details here.  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REHABILITATION OF OFFENDERS’ ACT 1974  Have you been convicted of a criminal offence (other than “spent” convictions under the 1974 Act)?   |  |  |  |  | | --- | --- | --- | --- | | YES |  | NO |  | | If “Yes” please give details | | | | |  | |  |   **REFERENCES** | | | | | | | | | | | | | |
| Please give the names and email addresses of two referees who are able to comment on your work ability, one referee at least should be your present or most recent employer if your circumstances permit. | | | | | | | | | | | | | |
| Reference 1 | |  | | | Reference 2 | | | | |  | | | |
| Name | |  | | | Name | | | | |  | | | |
| Address *(including postcode)* | |  | | | Address *(including postcode)* | | | | |  | | | |
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| Email *(preferred)* | |  | | | Email *(preferred)* | | | | |  | | | |
| Position | |  | | | Position | | | | |  | | | |
| Telephone | |  | | | Telephone | | | | |  | | | |
| Your referees will be contacted only if you are short-listed for interview. Please enclose a separate note when returning this form, if such an arrangement is unacceptable to you. | | | | | | | | | | | | | |
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| **GENERAL** | | | | | | | | | | | | | |
| **RIGHT TO WORK IN UK**  Please provide a copy of your ID (e.g. passport and working visa). Can you show us that you have a right to work in the UK.  YES / NO | | | | | | | | | | | | | |
| **INTERVIEW DATES**  Please give dates during the four weeks after the closing date when you would **not** be available for interview if your application is successful. | | | | | | | | | | | | | |
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| Do you have any particular requirements for interviews?  If so, please specify (e.g. brailing or taping of information about this post; means of access) | | | | | | | | | | | | | |
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| Where did you see the advertisement for this post? | | | | | | | | | | | | | |
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| **DECLARATION** | | | | | | | | | | | | | |
| I wish to apply for the post named at the head of this form. I confirm that to the best of my knowledge that the information given above is correct and true and can be treated as part of any subsequent Contract of Employment. | | | | | | | | | | | | | |
| Signed |  | | | | Date | | |  | | | | |  |
| Please return the completed form to: | | | | | | | | | | | | | |
| Claire Godward CEO, with **copies of your qualifications** | | | | | | | | | | | | | |
| to [director@relatecambridge.org.uk](mailto:director@relatecambridge.org.uk) | | | | | | | | | | | | | |