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| Please complete this form in Black Ink or Typescript and return by email to familytherapy@hartvolaction.org.uk or by post to: | 121 CounsellingHart Voluntary Action LimitedCivic OfficesHarlington WayFleetHants GU51 4AE |

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| Application for placement as Family Therapist | Closing date: 29th October 2021 |

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| Where did you see the vacancy? |  |

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| Personal Details |
| Last Name: (block capitals) |  |
| First Name(s): |  |

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| Address for correspondence: |  |
| Postcode: |  |
| Home Tel No: |  |
| Work Tel No: |  |
| May we contact you at work:(Please delete as appropriate) |  |
| Mobile No: |  |
| Email: |  |

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| Employment Experience - Present Employer |
| Name of Employer: |  |
| Address: |  |
| Current Position: |  |
| Date Started: |  |
| Current Salary / Grade: |  |
| Briefly describe your duties: |  |
| Previous Jobs (most recent first)(If you have gaps in employment due to caring for family or unemployment etc please specify accordingly) |
| Name ofemployer | Date fromMth Yr  | Date toMth Yr | Position held andmain duties | Reason for leaving |
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| Qualification and training relevant to the JobPlease list here any relevant qualifications and training you have undertaken which are relevant tothe Person Specification. Please include membership of professional bodies. |
| Date | Training | Provider |
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| Educational BackgroundIf you are offered the position you will need to provide evidence of qualifications obtained |
| Name of School, College/University,Educationalestablishment attended | Month and Year of attendance and completion | Subject | QualificationsObtained | Year Awarded |
| From | To |
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| Are you a member of any professional or technical body?If yes, please list  |  |
| Experience  |
| Please use this space to show that you have the experience asked for in the Person Specification gained through work, home or voluntary activities. |
| Skills & Abilities  |
|  |
| Additional InformationPlease do not attach a CV; do not exceed 1.5 sides of A4 paper |
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| ReferencesPlease give the names and addresses of two references and state in what capacity you are known to them. One should be your present or previous employer. |
| 1. Full Name: |  | 2. Full Name: |  |
| Address: |  | Address: |  |
| Postcode: |  | Postcode: |  |
| Tel No: |  | Tel No: |  |
| Email: |  | Email: |  |
| Occupation: |  | Occupation: |  |
| Capacity in which known: |  | Capacity in which known: |  |

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| Do you agree to a Disclosure Barring Service (DBS) Check if the role warrants one? |  |

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| Name in full: |  |
| Signed: |  |
| Date: |  |