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| Please complete this form in  Black Ink or Typescript and return by email to familytherapy@[hartvolaction.org.uk](mailto:121@hartvolaction.org.uk) or by post to: | 121 Counselling  Hart Voluntary Action Limited  Civic Offices  Harlington Way  Fleet  Hants 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 of  employer | | Date from  Mth Yr | | | | | Date to  Mth Yr | | | | Position held and  main duties | | | | | | | | | Reason for  leaving | | | |
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| Qualification and training relevant to the Job  Please list here any relevant qualifications and training you have undertaken which are relevant to  the Person Specification. Please include membership of professional bodies. | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | Training | | | | | | | | | | | | | Provider | | | | | |
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| Educational Background  If you are offered the position you will need to provide evidence of qualifications obtained | | | | | | | | | | | | | | | | | | | | | | | |
| Name of School,  College/University,  Educational  establishment  attended | | | | Month and Year of  attendance and  completion | | | | | | | | | Subject | | | | Qualifications  Obtained | | | | 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 | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information  Please do not attach a CV; do not exceed 1.5 sides of A4 paper | | | | | | | | | | | | | | | | | | | | | | |
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| References  Please 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: |  |