Clinical Job Application Form

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| --- | --- |
| **Vacancy Title** |  |

|  |  |
| --- | --- |
| **How did you hear about this vacancy?** |  |

### Personal Details

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Home Tel** |  |
| **Mobile Tel** |  |
| **E-mail Address** |  |

# Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| **Education** | **Provider**  | **Awarding Body & Grade** | **Date Obtained**  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Qualifications** | **Provider** | **Awarding Body & Grade** | **Date Obtained** |
|  |  |  |  |

Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application.

|  |  |
| --- | --- |
| **Additional Training** | **Course Details****(Including length of course & nature of training)** |
|  |  |

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| --- |
| Current Membership of any Professional Body/Organisation |
|  |

|  |
| --- |
| Total Number of Supervised Clinical Hours to Date |
| (this is only applicable to clinical roles, otherwise leave blank) |

# Employment History

Please include any previous work experience (paid or unpaid), starting with the most recent.

**Current or most recent employer**

|  |  |
| --- | --- |
| **Name of Employer** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Position Held** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Started** |  | **Leaving Date** |  |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Salary on Leaving Post** |  |

|  |
| --- |
| **Brief Description of Duties (500 words max)** |
|  |

**Previous Employer**

|  |  |
| --- | --- |
| **Name of Employer** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Position Held** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Started** |  | **Leaving Date** |  |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Salary on Leaving Post** |  |

|  |
| --- |
| **Brief Description of Duties (500 words max)** |
|  |

**Previous Employer**

|  |  |
| --- | --- |
| **Name of Employer** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Position Held** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Started** |  | **Leaving Date** |  |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Salary on Leaving Post** |  |

|  |
| --- |
| **Brief Description of Duties (500 words max)** |
|  |

# Information in Support of your Application

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| --- |
| **Please give a brief description of the range of clients and presenting issues in your clinical practice to date (200 words max)** |
|  |

|  |
| --- |
| **Please indicate your plans for your future career progression (200 words max)** |
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| --- |
| **Please indicate your current or planned clinical work in other organisations or in private practice or current non-counselling roles (200 words max)** |
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| --- |
| **Please indicate your availability for the position applied for, including details of working days, hours and location** |
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| --- |
| **If appointed, when could you start? (Give noticed period if applicable)** |
|  |

# References

Please give the details of **two** references.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referee** |  | **Relationship to You** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Email** |  |

|  |  |
| --- | --- |
| **Tel** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referee** |  | **Relationship to You** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Email** |  |

|  |  |
| --- | --- |
| **Tel** |  |

# Declaration

**All information in this application is true and correct to the best of my knowledge and belief.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |