



CLINICAL APPLICATION FORM - IN CONFIDENCE.

Please type or write in block capitals using Black Ink, as this form may be photocopied

COURSE DETAILS	
Post Applied For:	Full-time Trainee Child Psychotherapist
Department / Base:	Various within Clinics in West Midlands Area
Closing Date:	

PERSONAL DETAILS	
Title	
(Mr/Mrs/Miss/Ms/Dr):	
Last Name:	
First Name (s):	
Previous Name (s):	
Address:	
Post Code:	
Telephone Number:	Home: _____ Work: _____
Date of Birth:	
<i>Do you hold a current full driving licence?</i>	YES / NO
Do you have access to a motor vehicle for work purposes?	YES / NO
Do you require a work permit?	YES / NO

PRESENT OR MOST RECENT EMPLOYMENT	
Name & Address of Employer:	Job Title:
	Grade (if NHS):
	Salary:
	Date Started:
	Date Left:
Employers Business (if not NHS):	Reason for:
	Leaving/Wishing to Leave
Period of Notice Required:	

PREVIOUS EMPLOYMENT (Most Recent First)				
From	To	Employer's Name/Address (With Nature of Business)	Position held (Grade if NHS)	Reason for Leaving

(Please continue on a separate sheet if necessary)

EDUCATION				
From	To	School/College/University	Course Followed	Results (With Dates)

(Please continue on a separate sheet if necessary)

PROFESSIONAL QUALIFICATIONS (held or being studied for) AND ANY OTHER TRAINING EXPERIENCE WHICH YOU THINK IS RELEVANT FOR US TO KNOW		
Qualifications	Professional Body	Date of Award

(Please continue on a separate sheet if necessary)

HAVE YOU EVER BEEN, OR ARE YOU CURRENTLY, IN COUNSELLING OR THERAPY				YES/NO
If yes:	When?			
	Frequency			
	Duration			

MEMBERSHIP OF PROFESSIONAL BODY (if applicable)

Professional Body	Level of Membership	Renewal date

(Please continue on a separate sheet if necessary)

REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

TO BE COMPLETED BY ALL APPLICANTS

Because the nature of the work for which you have applied involves direct contact with people who are receiving a health service, we are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above Order, you are not entitled to withhold information about convictions, which otherwise might be considered "spent". In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be treated as strictly confidential and will only be used in relation to an application for positions to which the Exceptions Order applies.

Do you have anything to disclose? : YES / NO

IF YES, please give details below (eg date, type of offence/sentence/fine imposed etc):

RELATIONSHIPS

Are you related to a member of the Board of Trustees or senior member of staff?

YES / NO

IF YES, please specify :

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.....

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YOUR HEALTH

Whether you have been in employment or not, on how many days over the past 12 months have you been unfit to work, and on how many occasions?

Number of days :Number of occasions :

.....

What is your general state of health? :

.....

ADDITIONAL INFORMATION

Please give details of your current or most recent post and any additional information you consider important

REFEREES

Please give the names and addresses of two people (relatives must not be used) who have agreed to act as a referee for you, one of whom must be your present or most recent employer.

For those leaving full-time education, your tutor or appropriate academic referee should be nominated as one of the two referees.

	Present/Most Recent Employer	Second Referee
Name
Job Title
Address
Post code
Telephone number
In what capacity does this person know you?
May we approach this referee before interview?

DECLARATION

I note that canvassing of members of the Board of Trustees (or employees) shall disqualify a candidate and may result in dismissal if appointed.

I declare that the information on this form is true and complete.

I understand that any wilful mis-statement or omission renders me liable to dismissal if engaged.

I also understand that the appointment is subject to medical clearance and where necessary police clearance.

Signature:Date:

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The Birmingham Trust for Psychoanalytic Psychotherapy

Committed to Equal Opportunities in Employment

The Birmingham Trust for Psychoanalytic Psychotherapy operates a policy of equality of opportunity in its employment and personnel practices. It is committed to recruiting the best applicant for the job regardless of any factor irrelevant to the ability to do the job.

As part of the on going monitoring of this policy, we would be grateful if you could complete this recruitment monitoring form. All information will be treated in the strictest confidence and this form will be separated from your application. It is NOT used for short listing or appointment purposes. Your co-operation in its completion is therefore welcome and helpful.

Post/Position Applied For: _____ Grade: _____
Department: _____ Job Ref. No.: _____
Full Name of Applicant: _____

I WOULD DESCRIBE MYSELF AS (PLEASE TICK) :

GENDER :

Male

Female

MARITAL STATUS :

Single

Married

Divorced

Widowed

Other (Please specify)

Separated

DATE OF BIRTH:

NATIONALITY:

I WOULD DESCRIBE MY ETHNIC ORIGIN AS (PLEASE TICK):

White

Indian

Irish

Pakistani

Black African

Bangladeshi

Black Caribbean

Chinese

Black Other

Other

(Please Specify) _____

(Please Specify) _____

I am disabled

Yes

No

I do have dependants

Yes

No