

**Right to work form** [for used when application is by expression of interest]

**Role applied for:**

Write in black ink or type. All information will be treated in confidence.

This form will be used for administrative purposes only, and does not form part of the decision-making process. Return the completed form, plus your CV, a completed Equal Opportunities monitoring form, to the address or email below, marked: For the attention of the Chief Officer.

**Personal Details**

**Surname:**

**First Name:**

**Address:**

**Postcode:**

**Home tel. no:**

**Daytime tel no:**

**Email address:**

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?      Yes       No

If 'Yes', please provide details:

If you are successful in your application would you require a work permit prior to taking up employment?      Yes       No

If 'Yes', please specify dates:

Date: From (Month/YYYY)

Date: To (Month/YYYY)

Have you ever lived and/or worked outside of the UK?      Yes       No

If 'Yes', please provide details:

Do you hold a Certificate of Good Conduct for your time spent abroad?      Yes       No

If yes, please provide date of issue:

Insert your National Insurance Number:

This role is subject to satisfactory enhanced DBS disclosure

## Community Counselling

This role is exempt from Section 4(2) of the Rehabilitation of offenders Act 1974 therefore all convictions, cautions and bind overs, including those regarded as “spent”, must be declared. If you have any of these you must provide details in a sealed envelope, marked confidential, and this should be attached to your application form. Alternatively if you are applying electronically please send a separate email marked ‘private and confidential’ outlining this information.

### REFERENCES

Please provide full contact details for two people who will act as referees for you. One of whom must be your clinical supervisor. If you are invited for interview these references may be taken up before your interview, unless you request otherwise on this form.

|   |   |
|---|---|
| 1<br>Name:<br><br>Address:<br><br>Relationship: | 2<br>Name:<br><br>Address:<br><br>Relationship: |
|---|---|

**Health:** Please detail any health matters you feel may be relevant to this application.

**The information on this form is true and correct to the best of my knowledge and belief:**

**Signed:**

**Date:**