

Community Counselling (North Yorkshire) Limited; Stanley Harrison House, Norton Road, Malton, North Yorkshire, YO17 7BN; 01653 690 124; info@community-counselling.org.uk

APPLICATION FOR THE ROLE OF: Sessional Practitioner

Write in black ink or type. **Do not** attach a CV. All information will be treated in confidence.

The first two pages will be used for administrative purposes only, and do not form part of the decision-making process. Please continue on a separate sheet if you need more space for any section and attach it securely (without your name or address) to the application form.

Return the completed form, plus the equal opportunities monitoring form, to the above address, marked: For the attention of the Chief Officer or email to: chiefofficer@ccnyl.org.uk

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

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.

<p>1</p> <p>Name:</p> <p>Address:</p> <p>Relationship:</p> <p>Contact before interview? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2</p> <p>Name:</p> <p>Address:</p> <p>Relationship:</p> <p>Contact before interview? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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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:

Employment History (most recent first)

Current / Most Recent Job Title:

Hours per week:

Date	Employer	Main Duties

Details of previous relevant employment

Dates	Employer	Job Titles/Main Duties

Voluntary/Unpaid Activities

Dates	Hours/week	Organisation	Brief Details of Duties

EDUCATION:

Please start with the most recent first.

<i>Institution</i>	<i>From</i>	<i>To</i>	<i>Examinations Result/grade</i>	<i>Date</i>
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VOCATIONAL QUALIFICATIONS, SKILLS AND TRAINING

Please provide details of any vocational qualifications, skills that you possess or training that you have received which you consider to be relevant to this role:

Abilities, knowledge and experience relevant to this role:

Please give your reasons for making this application. You need to read the role description and person specification carefully, then explain how your skills, abilities, knowledge and experience fit this role. These may have been gained through paid employment, voluntary/community work, domestic responsibilities, spare time activities, training, and anything else you think is relevant to this role.