

STRICTLY CONFIDENTIAL

# APPLICATION FORM

Please complete in black ink, type or attach computer printed pages to your application. CV’s will not be accepted in lieu of a completed application form.

Applicants should understand that any mis-statements or omissions would lead to disqualification of application or dismissal if appointed.

Personal details such as name, address & age have been intentionally omitted from this application form. This is to ensure that your application will be short listed only on the basis of your experience, skills & qualifications relevant to the above post.

Your application will be identified by the number at the top of this form. Please ensure that you also fill in **YOUR PERSONAL DETAILS & APPLICANTS DECLARATION FORM, THE ENHANCED DISCLOSURE CONSENT FORM** and, if you choose, **THE EQUAL OPPORTUNITIES MONITORING FORM**. None of these will be examined until after the selection panel has short listed applicants for interview.

Please do not write your name on any additional sheets you attach to your application, we will identify them by using your **applicant ref number, which we will assign of receipt of your application.**

**Application for the post of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Work/Volunteer Experience:

### Please tell us about any work experience you have, paid and/or unpaid, relevant to the role.

|  |  |  |
| --- | --- | --- |
| Employer | Post held & main duties | Dates |
| Paid |
|  |   |  |
| **Non-paid/voluntary** |
|  |   |  |

## Relevant qualifications/training

Please list below relevant qualifications obtained (use continuation sheet if necessary). Evidence of qualifications will be required before appointment

|  |  |  |  |
| --- | --- | --- | --- |
| Qualifications | School/University | Grade | Date |
|  |  |  |  |

Please list below any courses/seminars attended which are relevant

|  |  |  |  |
| --- | --- | --- | --- |
| Course/seminar | Course Facilitator | Duration | Date |
|  |  |  |  |

|  |
| --- |
| **Other languages** |
| **Spoken** |  |
| **Written** |  |

**How did you hear about the post?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health**

Please provide details of any illness or disability which you consider would affect your capability to perform the post for which you are applying. Any illnesses listed will not necessarily exclude your application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supporting Statement**

Please outline below the qualities and experience you consider make you a suitable applicant for this post. We would like you to include a paragraph on why you would like to have a placement at The Junction.

A typed statement can be attached to this page.

|  |
| --- |
|  |

**If you have any informal queries, please email info@the-junction.org**

**Please return your completed application form marked CONFIDENTIAL**

**by email to info@the-junction.org**

STRICTLY CONFIDENTIAL

The Junction-Young People, Health &Wellbeing

Personal details and references form

Application for the post of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Details**

|  |  |
| --- | --- |
| **Full name** |  |
| **Home address** |  |
| **Postcode** |  |
| **Email address** |  |
| **Telephone** | **Daytime** |  | **Evening** |  |
| **Date of birth** |  |

# References

Please give the names and contact details of two referees who know you well & can provide reliable information about your experience/skills/qualifications which make you suitable for the post. One of the two must be your counselling course lead or your clinical supervisor.

|  |  |
| --- | --- |
| Referee 1:  | **Referee 2:** |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
| **Email address** |  | **Email address** |  |
| **Contact number** |  | **Contact number** |  |
| **Occupation** |  | **Occupation** |  |
| **Relationship to you** |  | **Relationship to you** |  |
| **May we approach before interview?** | Yes | No | **May we approach before interview?** | Yes | No |

# Applicant’s Declaration

I declare that to the best of my knowledge and belief the information I have given on the application form is true. I confirm to the best of my knowledge there are no medical or other reasons, which would prevent me from undertaking the duties of this post. I understand that to have knowingly given false information could lead to the withdrawal of any offer of employment or may result in dismissal if employment has commenced,

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_