

Supervisor Application Form v1.1

**Role: ……………………………………………… Date: ………………………………**

*Please complete this form in full. Curriculum vitae will not be accepted as a substitute. Please use black ink or type.*

|  |  |
| --- | --- |
| Surname: | First name: |

|  |
| --- |
| Languages Spoken: |
| Address:  | Home Telephone No:  |
| Mobile Telephone No:  |
| Work Telephone No:  |
| Email:  |

Please state where you saw this post advertised: ………………………………………………………….

Education and Training

Please give details of Education and Qualifications obtained from Further and Higher Education listing the most recent first.

|  |  |  |
| --- | --- | --- |
| Place of Study | Dates | Qualification – please state subject & grade |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Current Employment

|  |  |
| --- | --- |
| Name of current/most recent employer: |  |
| Job Title: |  |
| Date from (dd/mm/yyyy): |  |
| Date to (dd/mm/yyyy) (if applicable): |  |
| Period of notice required (if applicable): |  |
| Reason for leaving (if applicable): |  |
| Please provide brief details of duties and responsibilities: |  |

Previous Employment Experience – last 3 jobs or last 10 years

Please list all other jobs held, starting with the most recent.

|  |  |  |
| --- | --- | --- |
| Employer’s name, location and nature of business | Dates | Job title, outline of duties and reason for leaving |
|  |  |  |

Voluntary Work

Please give details of any voluntary work undertaken.

|  |  |  |
| --- | --- | --- |
| Organisation | Dates | Role |
|  |  |  |

Counselling and Supervisory Training

Please give details of your training to date including courses or specialist training undertaken, listing the most recent first.

|  |  |  |
| --- | --- | --- |
| Place of Study | Dates | Qualification – please state subject & grade (if applicable) |
|  |  |  |

Counselling and Supervisory Experience

|  |  |  |
| --- | --- | --- |
| Organisation | Dates | Client/Supervisory hours |
|  |  |  |

Membership of Professional Bodies

Please give details of any professional bodies of whom you are or have been a member.

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| --- | --- | --- |
| Name of professional body | Dates | Category/Grade of membership |
|  |  |  |

Supporting statement

Please use this space to provide additional information as to how you meet the person specification for this role.

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Eligibility to Work in the UK

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| Current legislation means that it is a criminal offence to employ a person who is subject to immigration control, unless he or she has documentary proof showing an entitlement to work in the UK. If selected for interview you will be asked to provide proof of your work entitlements. |
| Do you have an entitlement to work in the UK? Yes [ ]  No [ ]  |

Rehabilitation of Offenders Act 1974

Because of the nature of some aspects of the work which you may undertake on behalf of the Counselling Centre, this position is exempt from the provision of Section 4 (ii) of the Act by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provision of the Act. Any failure to disclose such convictions could result in the withdrawal of approval to work within The Counselling & Family Centre.

Declaration

|  |  |
| --- | --- |
| Have you at any time received, or do you have pending, a caution, bind-over, reprimand, final warning, conviction or other relevant information? | Yes [ ]  No [ ]  |

Do you have any previous offences? If so please give details

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of Offence/s (i.e. Conviction, caution, bind–over, reprimand, warning or allegation) | Offence/s | Date of Offence/s | Disposal (if known) |
|  |  |  |  |
|  |  |  |  |

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| As the work of the Centre is of an extremely sensitive nature would you be prepared to undergo an enhanced DBS check? Yes [ ]  No [ ] A criminal conviction does not mean you are automatically unsuitable to work at the Counselling Centre |

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| Have you ever been dismissed from a place of employment or a voluntary organisation? Yes [ ]  No [ ] If yes, give details. This does not mean you are automatically unsuitable to work at the Counselling Centre. |

Additional information

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| --- |
| Please let us know if, due to a disability or ill health, we need to make any special arrangements in order to facilitate your interview or your working with us. |

References & agreement

Please give the name, telephone number and the e-mail address for two people who have agreed to act as referees for you. If applicable we would prefer one of your references to be from a recent employer.

We will only contact referees should you be successful at interview.

|  |  |
| --- | --- |
| Referee name:  | Referee name:  |
| Position:  | Position:  |
| Organisation:  | Organisation:  |
| Telephone no:  | Telephone no:  |
| Email:  | Email:  |

I have received and read the accompanying Supervisor Information document and I am available to attend mandatory training.

Signed: ..................................................... Date: ................................

Please check that to the best of your knowledge, all information given on this form is correct. To deliberately give false or incomplete information may make you liable to dismissal.

*Please email your completed application form to:* *alison.savage@thecfc.org.uk* *or post to Alison Savage, CFC, 40 Mayors Road, Altrincham, WA15 9RP*

*The closing date for all applications is Midnight 22nd September 2020*