**APPLICATION FORM**

**Please complete clearly in black ink**

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| **Post Applied For:** | | | |
| **Surname :** | | | |
| **First Name(s) :** | | | |
| **Address :** | | | |
| **Post Code :** | | **Date of Birth :**  **(optional but allows us**  **to trace DBS clearance progress)** | |
| **Telephone No(s):** | **Landline:** | | **Mobile:** |
| **Email:** | | | |

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| **Current Training (if applicable)** | | | | | | |
| **Course Title** | | **Training Organisation** | | **Start Date** | | **End Date** |
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|  | | | | | | |
| **Employment Record – Please give details of your employment, starting with the most recent. Please explain any gaps and continue on another sheet if necessary.** | | | | | | |
| **Job Title** | **Name of Employer** | | **Date Started** | | **Date Left** | |
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| **Do you consider yourself to have a disability?** | | **YES/NO please delete** |
| **If yes, please tell us what sort of adjustments you might need in order to carry out the role** |  | |

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| **Qualifications Please list any qualifications you have gained (e.g. GCSEs, A-Levels, Degree, NVQs, professional qualifications** | | | | |
| **Name of Qualification** | **Subjects** | **Grades** | **School/College/University** | **Date Awarded** |
|  |  |  |  |  |
|  | | | | |
| **Other Training Please list any other training you have undertaken that is relevant to this post** | | | | |
| **Name of Course Date Completed** | | | | |
| **Personal Therapy and Development (Volunteer Counsellor Posts only)**  **Will you be undertaking your own personal therapy? YES/NO Delete as appropriate**  **Have you had personal therapy before? YES/NO Delete as appropriate** | | | | |

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| **Previous experience in working with carers (or otherwise relevant to the post)** |

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| **Why have you chosen Harrow Carers?** |
| **How did you hear about this post?** |

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| **References**  **Please provide details of two referees; one should be your current or most recent employer. If you are applying for a volunteer counselling post and are still in training one referee must be from your training organisation.** |
| **Referee 1** |
| **Name:** |
| **Position:** |
| **Address:** |
| **Post Code:** |
| **Tel. No.** |
| **Email:** |
|  |
| **Referee 2** |
| **Name:** |
| **Position:** |
| **Address:** |
| **Post Code:** |
| **Tel. No.** |
| **Email:** |

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| **Declaration: The information you have provided on this application form will be used by Harrow Carers for statistical purposes.**  **The information I have given on this form is true and accurate to the best of my knowledge.** | |
| **Signed:** | **Date:** |
|  |  |