**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** |
|  |  |  |  |  |
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| **Other Training Please list any other training you have undertaken that is relevant to this post** |
| **Name of Course Date Completed***
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| **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:**  |
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| **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:**  |
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