

OUTREACH ASSOCIATE THERAPIST APPLICATION FORM

Please:

- **do not** send a CV but **do** complete ALL sections of this form in as much detail as possible
- type/write in black ink
- put your name on any additional sheets used
- sign and date the declaration at the back of this form
- return the completed form by email to: operationsmanager@bluesmileproject.org or by post to: Outreach Associate Therapist Application, Blue Smile, 47-51 Norfolk Street, Cambridge CB1 2LD.

The information that you supply in your application is confidential for use in the recruitment and selection procedure. If you are successful it will also form the basis of your personal file and will be held on computer and on manual records. If you are not successful, your details will be kept for six months and then destroyed.

Blue Smile is working towards equal opportunities to ensure that the way we deliver services, employment and volunteer placements is fair and just for everyone. We will endeavour to treat all people equally and fairly. Our equal opportunities policy aims to ensure that no individual receives less favourable treatment on the grounds of gender, race, religion, nationality, disability, age, marital status, sexual preference, responsibility for dependants, or any conditions or requirements that cannot be shown to be justified.

Personal information

Mr/Mrs/Ms/Miss/Dr/Other	First name(s):	Surname
Have you ever used any other names? If so, please detail below.		
Address:	Home telephone number:	
	Work telephone number:	
	Mobile no:	
Email address:	Preferred method of contact:	
Next of kin:	Relationship to you:	
Emergency contact name:	Emergency contact telephone no(s):	

Any medical conditions or anything else you think it would be important for us to be aware of? Please give details. (Blue Smile will be happy to talk to anyone with a medical condition about how their needs will best be met in the appointment process and, if appointed, within the designated school.)

Educational qualifications

Please give details of completed higher education courses (undergraduate/graduate/postgraduate) starting with the most recent qualification.

College/Institution	Degree/Course	Start date	End date	Results

Professional development – completed courses including child protection training

Institutions	Courses (day, week, etc.)	Start date	End date	Results

Membership of/registration with professional bodies

Professional body	Level/type of membership	Registration number

Personal counselling and psychotherapy

Please give details of any counselling and/or psychotherapy you have received with dates and the therapist’s/counsellor’s orientation.

Theoretical model

Please give details of your theoretical training and orientation.

Supervision

Blue Smile provides a financial contribution towards clinical supervision. Please let us know what supervision you currently receive.

Employment history

Please list any employment, self-employment, voluntary work and periods of unemployment since leaving secondary education (starting with the most recent). Add rows to the table or continue on another sheet as necessary. Please give reasons for leaving employment and for any gaps in employment/study since leaving school. There is a section for you to give further details of your work experience on the next page.

Name and address of employer	Position held	Main responsibilities	Dates	Reason for leaving

Current position and career history

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Knowledge, experience and skills

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How did you hear about the Outreach Associate Therapist post at Blue Smile?

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References

Please give the names and contact details of two referees unrelated to you. We request that, if relevant, your first referee is your main **clinical supervisor**. One referee should be an **employer** who has known you for at least two years, preferably your **existing employer**. If this does not apply, please provide the name of a professional person able to provide a character reference.

Referee 1	Referee 2
Name:	Name:
Job title/position:	Job title/position:
Relationship to you:	Relationship to you:
Email address:	Email address:
Telephone number:	Telephone number:
Address:	Address:

DISCLOSURE OF CRIMINAL CONVICTIONS (Please delete the appropriate statement)

As this role will involve access to children, it is exempted from the Rehabilitation of Offenders Act 1974. Those offered a position will be required to undertake an Enhanced and Barred List check from the Disclosure and Barring Service before the position is confirmed. The presence of a criminal record does not necessarily prevent work at Blue Smile.

I have information to declare (Give details of the offence on a separate sheet marked 'Confidential').

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I have nothing to declare

I have information to declare (Give details of the offence on a separate sheet marked 'Confidential'.)

DECLARATION (Please delete the appropriate statement)

I declare that I have not been prosecuted with any offence, have never been refused/expelled from membership of any professional body or register on the grounds of professional misconduct or similar, never been subject of any professionally related disciplinary action and/or any criminal, civil, investigatory proceedings or disciplinary enquiries or proceedings.

I attach details of prosecutions, investigatory or professionally related disciplinary proceedings, or sanctions on a separate sheet.

I declare that the information I have given is accurate and true and that any false or misleading information given on this form may lead to the offer of a placement being withdrawn.

I authorise Blue Smile to make any appropriate checks necessary in relation to the post I am applying for.

I agree that personal data obtained by Blue Smile relating to this application and the data provided on this form may be held and processed by Blue Smile on computer or in manual records. It may be used by Blue Smile for any purpose relating to this application. I give permission for the storage and processing of personal information by Blue Smile.

Signed..... Date.....