

CLEAR APPLICATION FORM



Registered charity No. 1128689
Park House, Truro TR4 9LD
Tele: 01872 532 001 Mobile: 07542532001
Email: info@clearsupport.net
(Please note that CV's will not be accepted)

The post for which you are applying:

Where did you see it advertised / how did you hear about it?

CLEAR Web site BACP Web Site Other

Section 1: Personal Details

Initials

Surname

Address

Post Code

Telephone number - Day

Telephone number - Evening

Email

Do you need a work permit for the UK ?

Yes No

Section 2: Referees

Please ensure that your text is contained within the field boundaries

Ref No .. *For Office use only*

Please give the names of two referees, one of which should be your current or most recent employer.

Current or most recent employer:

| | |
|------------------------------|----------------------------------|
| Job Title | <input type="text"/> |
| Name | <input type="text"/> |
| Relationship to you (if any) | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| Post Code | |
| Telephone | |
| <input type="text"/> | MobileEmail <input type="text"/> |

Referee 2:

| | |
|------------------------------|----------------------|
| Job Title | <input type="text"/> |
| Name | <input type="text"/> |
| Relationship to you (if any) | <input type="text"/> |
| Address | <input type="text"/> |
| | |
| Post Code | <input type="text"/> |
| | <input type="text"/> |
| <input type="text"/> | |

Please ensure that your text is contained within the field boundaries
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Telephone

MobileEmail

Please ensure that your text is contained within the field boundaries
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Section 3: Exemption Statement - Criminal Record

Successful applicants will be asked to undergo an enhanced criminal record check for disclosure of relevant history. This may not be a bar to employment with CLEAR and will depend on the particular offence and other circumstances.

Please state here any relevant information (including 'spent' convictions if relevant to this post).

Section 4: Disabilities

If selected for interview, do you require any special arrangements to be made on account of a disability? Yes No

If Yes, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfill our obligations under the Equality Act 2010:

Section 5: Declaration

You should only sign this declaration once you have completed sections 1 to 11.

I declare to the best of my knowledge and belief that the information given on all sections of this application form is true and correct.

Signed

Date

Please ensure that your text is contained within the field boundaries
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Section 6: Education - In chronological order.

| Educational / professional qualifications | School / College Attended | Dates from - to | Obtained/grade |
|---|---------------------------|-----------------|----------------|
| | | | |
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Please ensure that your text is contained within the field boundaries
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Section 7: Other Training –in chronological order

List any other training relevant to this post (do not repeat from previous page)

| Educational / professional qualifications | School / College Attended | Dates from - to | Obtained/grade |
|---|---------------------------|-----------------|----------------|
| | | | |
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Please ensure that your text is contained within the field boundaries

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Section 8: Present or most recent employment (paid or unpaid)

Address of employer

Post held

Salary

Grade

Brief description of duties

Date started

Date left

Notice period required

Reason for leaving

Please ensure that your text is contained within the field boundaries

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Section 9: Previous employment, please list most recent first

| | |
|------------------------------------|--|
| Name / Address of employer | |
| Start date | |
| End date | |
| Position Held | |
| Brief description of duties | |

| | |
|------------------------------------|--|
| Name / Address of employer | |
| Start date | |
| End date | |
| Position Held | |
| Brief description of duties | |

| | |
|------------------------------------|--|
| Name / Address of employer | |
| Start date | |
| End date | |
| Position Held | |
| Brief description of duties | |

| | |
|--------------------------|--|
| Name / Address of | |
|--------------------------|--|

Please ensure that your text is contained within the field boundaries
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| | |
|------------------------------------|--|
| employer | |
| Start date | |
| End date | |
| Position Held | |
| Brief description of duties | |

Please ensure that your text is contained within the field boundaries
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Section 10: Supervision – For those applying for therapy posts only.

Please provide your current and previous (if appropriate) supervisor's contact details including telephone numbers.

How long you have been with your most recent supervisor?

Previous supervisor?

Previous supervisor?

Please ensure that your text is contained within the field boundaries
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Section 11: Voluntary work - most recent first

You may wish to give us details of any relevant voluntary/unpaid work you do/have done.

Please ensure that your text is contained within the field boundaries
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Section 12: Relevant experience, knowledge & understanding, skills, attitudes & beliefs and other:.

In this section please consider how your work or other life experience means that you fulfil the points shown as essential or desirable on the person specification and explain how you meet them.

If you need more space, please continue this section on one side only of A4 size paper.

Page 1

Children Linked to and Experiencing Abusive Relationships Monitoring Form

CLEAR is an equal opportunities organisation. This means that in the employment of staff we will seek to ensure equality of treatment to all persons. No person or group of person applying for a job with CLEAR will be treated less favourably than any other person or group of persons because of their race, colour, ethnic or national origin or because of their religion, marital status or sexual orientation. For monitoring purposes only we would be grateful if you would help us by completing the form below and returning it with your application.

All information supplied will be treated as strictly confidential and anonymous. This form will be separated from your application and used for the effective monitoring and implementation of our equal opportunities policy and practice. The information you have provided here will be stored either on paper records or in a computer system in accordance with the Data Protection Act 1998, we have strict confidentiality procedures on how this information is protected.

| | | |
|---------------------|--|--|
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer not to say |
| Age Range | <input type="checkbox"/> 16-24 | <input type="checkbox"/> 25-3 |
| | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 45-54 |
| | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 65+ |
| Marital status | <input type="checkbox"/> Married | <input type="checkbox"/> Single |
| | <input type="checkbox"/> Civil Partnership | <input type="checkbox"/> Living with Partner |
| | <input type="checkbox"/> Prefer not to say | |
| Sexual orientation | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian |
| | <input type="checkbox"/> Gay | <input type="checkbox"/> Bi-sexual |
| | <input type="checkbox"/> Prefer not to say | |
| Ethnic origin | <input type="checkbox"/> White British | <input type="checkbox"/> White Irish |
| | <input type="checkbox"/> White Other | <input type="checkbox"/> Black |
| | <input type="checkbox"/> Black British | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Asian British | <input type="checkbox"/> Chinese |
| | <input type="checkbox"/> Mixed | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Prefer not to say | |
| Pregnancy/Maternity | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Not pregnant |
| | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Prefer not to say |

Please ensure that your text is contained within the field boundaries
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Religion / Belief

Atheism

Hinduism

Islam

Buddhism

Agnostic

Other

Christianity

Sikhism

Jaininism

Judaism

None

Disability - Do you consider yourself to have a disability? A Disability being “a physical or mental impairment which has a substantial and adverse effect on a person’s ability to carry out day to day activities”.

Yes

No

If yes, what is the nature of your disability? (Optional)

Learning disability

Sensory impairment

No disability

Mental Health

Physical disability

Please ensure that your text is contained within the field boundaries

Ref No ..

For Office use only