Application Form

Name of applicant:

Date of submission:

**Contact details**

Address:

Phone number:

Email:

Please return this application form by post or email to the Apple Tree Centre, with a cover letter highlighting why you are suitable for the role of Associate Therapist.

**Post applied for**

Please delete as appropriate and indicate the number of days / sessions you aim to dedicate to the Apple Tree Centre. If you are interested in both roles you are welcome to include both and we can discuss the details at a later stage in the application process.

Self-employed sessional therapist (5-15 sessions):

Employed therapist (3-4 days):

**Professional Qualifications**

Please list all relevant qualifications (add additional lines if necessary)

| Institution | Qualification or award | Date |
| --- | --- | --- |
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|  |  |  |

**Professional registration**

Please give details of any current registration and/or membership of relevant professional bodies

| Professional body | Membership category | Renewal Date |
| --- | --- | --- |
|  |  |  |
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**Other relevant qualifications**

Add additional lines if needed

| Institution | Qualification or award | Date |
| --- | --- | --- |
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**Continuing Professional Development**

Please list any relevant training and development you have undertaken

| Training organisation | Title of training | Date |
| --- | --- | --- |
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**Professional experience**

Please list all previous employment in reverse chronological order, beginning with the most recent.

In accordance with our Safer Recruitment Policy, we will need to contact any previous employers relevant to your application. We will not contact current employers until after making a provisional offer except with your express permission. Please let us know if you would prefer us to wait until after your interview to contact any previous employers.

| Job title and brief description |  |
| --- | --- |
| Employer name and contact details |  |
| Hours worked (full / part time) | Date started | Date ended | Reason for leaving |
|  |  |  |  |
| Job title and brief description(Please duplicate this page as many times as necessary) |  |
| Employer name and contact details |  |
| Hours worked (full / part time) | Date started | Date ended | Reason for leaving |
|  |  |  |  |
| Job title and brief description |  |
| Employer name and contact details |  |
| Hours worked (full / part time) | Date started | Date ended | Reason for leaving |
|  |  |  |  |
| Job title and brief description |  |
| Employer name and contact details |  |
| Hours worked (full / part time) | Date started | Date ended | Reason for leaving |
|  |  |  |  |
| Please provide a brief explanation of any gaps in employment. |
| Dates |  |
|  |  |
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| We will need to conduct a check of your records on the Disclosure and Barring Service before contracting for you to begin work through the Apple Tree Centre. Do you have any unspent convictions or conditional cautions, or any spent adult cautions (simple or conditional) or convictions that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)? If so please provide details. |
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**References**

Please provide details of two people who can comment on your suitability for this role. One of these should be your current or most recent line manager.

We will contact your references by email and/or phone after we have made a provisional offer of a post.

Name:

Job role:

Phone:

Email:

Name:

Job role:

Phone:

Email: