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.

The information in this form will only be used as part of the recruitment process. Information will be stored confidentially in accordance with data protection legislation and with our Privacy and Data Use statement: https://appletreecentre.co.uk/about-us/privacy-and-data-use/

**Post applied for**

(Please include the number of days / hours you are applying to work for the Apple Tree Centre)

**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. Add additional lines if necessary.

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.

| 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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**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. A pro forma copy of our Reference Request Form is available in the Application Pack which can be downloaded from our website.

Name:

Job role:

Phone:

Email:

Name:

Job role:

Phone:

Email:

Please confirm below that all the information you have provided is true and nothing relevant has been omitted. Providing false information is an offence and could result in your application being rejected, or summary dismissal if you are selected, and possible referral to the police.

I confirm that all the information I have provided in this application is true to the best of my knowledge, and that no relevant information has been omitted.

Name:

Date: