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|  | THE SHERWOOD PSYCHOTHERAPY TRAINING INSTITUTE  2 Castle Quay, Castle Boulevard, Nottingham NG7 1FW  Telephone: 0115 9243994 Email: vacancies@spti.net | | | | |
| **APPLICATION FORM FOR:** | | | | | |
| **Facilitator – MSc Integrative Psychotherapy** | | | | | |
| **Full Name:**  *(Please include your full legal name)* | | | | | |
| **Informal Name:**  *(If applicable)*  **Address:**    **Post Code:** | | | | | |
| **Address**    **Post Code:** | | | | | |
| **Mobile Telephone:** | | | **Home Telephone:** | | |
| **Email address** | | | | | |
| **Where did you hear about us?** | | | | | |
| **PROFESSIONAL QUALIFICATIONS** | | | | | |
| **Qualification and awarding body** | | | | **Dates** | **Results** |
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| **EDUCATION** | | | | | |
| **School/College/University** | | **Examinations Passed** | | **Dates** | **Results** |
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| **EMPLOYMENT DETAILS** please give details of your past employment/self-employment, excluding your present or last employer, stating the most recent first: | | | | | |
| **Name and Address of Employer** | | **Nature of Work and Position Held** | **Paid/**  **Voluntary** | **Dates** | **Reason for leaving** |
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| **PRESENT OR LAST EMPLOYER** | | | | | |
| Are you currently employed/self-employed?  Name of present or last employer:  Address:  Telephone Number:  Nature of business:  Job title & brief description of duties:  Reasons for leaving:  Length of service: | **YES / NO**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?  If YES, please give full details: | **YES / NO** |

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| Are you subject to any restrictions or covenants which might restrict your working activities?  If YES, please give full details: | **YES / NO** |

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| Do you need a work permit to take up employment in the U.K? | **YES / NO** |

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| Please give details of membership of any technical or professional associations, including BACP/UKCP:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **REFEREES** | |
| We require two references. The first should be from your current/most recent employer or academic institution; the referee must have known you for at least two years. The second reference can be from another source; however, references from family members and friends are not usually acceptable.  **Can we approach your current employer before an offer of employment is made?**  **Yes / No** | |
| **FIRST REFEREE** | **SECOND REFEREE** |
| Name:  Address:  Job Title/Occupation:  Organisation:  Relationship to Applicant:  Email:  Telephone: | Name:  Address:  Job Title/Occupation:  Organisation:  Relationship to Applicant:  Email:  Telephone: |

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| **PERSONAL STATEMENT** |
| *For what reasons do you wish to undertake the* **Facilitator – MSc Integrative Psychotherapy role**  *Describe your personal and work experience, strengths and attributes that you believe will support your application. Also identify any areas you will need support to develop* |
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| **CRIMINAL CONVICTIONS** | | |
| Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? | | **YES ❒**  **NO ❒** |
| If **YES**, please specify: date of conviction/caution/bind over conviction, court, nature of offence and sentence imposed or nature of conviction pending. | | |
| **NOTE:** |  | |
| 1. You are advised that the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are “protected” and are not subject to disclosure to employers and cannot be taken into account. All guidance and criteria on the filtering of these cautions and convictions can be found in the DBS filtering collection (https://www.gov.uk/government/collections/dbs-filtering-guidance). 2. Disclosure of a conviction does not automatically debar applicants from consideration. The offence will only be taken into account if it is considered to be one that would make the applicant unsuitable for the type of role for which they have applied. 3. The information provided will be treated as strictly confidential and will be considered only in relation to this application for employment. | | |

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| **DUAL RELATIONSHIPS** | |
| Do you have any existing supervisory, therapeutic or family relationships with current SPTI students or staff? | **YES ❒**  **NO ❒** |
| If YES, please give full details:  Please note for recent graduates of SPTI : before applications are made a recommended time period of 12 months must have passed since completion of training. | |

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| **DECLARATION** | | | |
| I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions may lead to termination of contract. I understand these details will be held in confidence by the Company, for the purposes of on-going personnel administration in compliance with data protection legislation and General Data Protection Regulation (GDPR). I undertake to notify the Company immediately of any changes to the above details.  To more fully understand how we collect and process your personal information, and the legal basis upon which we do so, please see our employee privacy notice (sent as a separate attachment). Alternatively, you can request a paper copy by contacting our Data Privacy Manager by email on DataPrivacyManager@spti.net or writing at 2 St James’ Terrace, Nottingham, NG1 6FW.  **By signing below, you are declaring that all the information you have provided in the completion of this application form is correct.** | | | |
| **Signed:**  **Printed:** |  | **Date:** |  |

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| Please return the completed form to:  **The Sherwood Psychotherapy Training Institute**  **2 Castle Quay, Castle Boulevard, Nottingham NG7 1FW**  **Telephone: 0115 9243994**  **Email: vacancies@spti.net** |

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| **EQUAL OPPORTUNITIES QUESTIONNAIRE** | | | | | | | |
| The information you provide may be stored on SPTI computers in compliance with our Employee Privacy Notice.  **THIS INFORMATION WILL HAVE NO IMPACT ON THE FINAL RECRUITMENT DECISION.** | | | | | | | |
| **I. RACE AND ETHNICITY** | | | | | | | |
| Please indicate with a tick to which category you belong (and delete\* all that do not apply) | | | | | | | |
| ❒ **White\*** (British / Irish / Traveller / Other) \* | | | | ❒ **Mixed**\*  (White & Black Caribbean) \*  (White & Black African) \*  (White & Black Asian) \*  (Other mixed background) | | | |
| ❒ **Black\*** (African / Caribbean / Other) \* | | | |
| ❒ **Asian\* (**Indian / Pakistani / Bangladeshi / Other) \* | | | | ❒ **Other** (please specify): | | | |
| ❒ **Chinese\*** (Chinese / Other) \* | | | | ❒ **Prefer not to say** | | | |
| **II. DISABILITY** | | | | | | | |
| It is important that you tell us if you think you are a Disabled person so that we can make arrangements for reasonable adjustments where appropriate. Do you consider yourself to have a disability or learning difficulty? Yes ❒ No ❒ | | | | | | | |
| ❒ Dyslexia  ❒ Dyspraxia  ❒ AD(H)D  ❒ Dyscalculia  ❒ Autistic Spectrum Disorder  e.g. Asperger’s | | ❒ Other specific Learning  Difficulty:  ❒ Mental Health condition e.g. depression, schizophrenia, anxiety disorder  ❒ Deaf / Hearing Impairment | | | | ❒ Blind / Partially Sighted  ❒ Physical Impairment / mobility difficulties (Crutches / wheelchair user) ❒ Long standing illness e.g. Cancer, HIV, Asthma, Epilepsy, Diabetes, Chronic Heart Disease. | |
| ❒ Other (Please specify) | | | | | | | |
| **III. HOW DO YOU DESCRIBE YOUR SEXUAL ORIENTATION?** | | | | | | | |
| ❒ Heterosexual  ❒ Unclear  ❒ Prefer not to say | | ❒Gay/Lesbian  ❒ Bisexual  ❒ Transgender | | | | ❒Other (Please specify) | |
| **IV. WOULD YOU DESCRIBE YOURSELF AS A PRACTISING MEMBER OF ANY OF THE FOLLOWING RELIGIONS?** | | | | | | | |
| ❒Agnostic  ❒Christian  ❒Muslim  ❒No religious beliefs | ❒Atheist  ❒Hindu  ❒Pagan  ❒Prefer not to say | | | | ❒ Baha’i  ❒Jain  ❒Sikh | | ❒Buddhist  ❒Jewish  ❒ Other  (Please specify) |
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| **VI. ANY ADDITIONAL COMMENTS?** | | | | | | | |
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**DATA PROTECTION:** By completing this form I agree to the organisation holding and processing the data I have provided, for its legitimate business reasons stated above.

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| **Signed:** | **Date:** |