

APPLICATION FORM

Job applied for:	Clinical Care Team Manager	Job Reference	CCTM – 03/25
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Application Forms received after the closing date will not be considered. Applicants should please note that the interview panel reserves the right to enhance the shortlist criteria in the event of there being a large number of applications.

Section 1 Personal Details

Last Name:	<input type="text"/> <input type="text"/>	First Name:	<input type="text"/> <input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>		
Postcode:	<input type="text"/>		
Home Telephone N^o:	<input type="text"/> <input type="text"/> <input type="text"/>		
Daytime Telephone N^o:	<input type="text"/>		
Mobile Telephone N^o:	<input type="text"/>		
E-mail address:	<input type="text"/>		
Can we contact you at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Are you free to remain and take up employment in the UK with no current immigration restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you ever been dismissed from any employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<u>Driving Licence</u> – if relevant to post applied for.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a full, clean driving licence valid in the UK?		

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving

(if no longer employed):

Section 3 Previous Employment

Previous Employment (most recent employer first). Please supply **FULL** employment history and state nature of the business/work and detail any gaps in employment.

Name of Employer:

Address:

Postcode

Dates &
Position Held

Summary of duties:

Reason for leaving:

Name of Employer:

Address
:

Dates &
Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Dates &
Position Held:

Summary of duties:

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications/grades obtained	Dates Mth/Yr
School	Subjects	Qualifications/grades obtained	Dates Mth/Yr

Continue on a separate sheet if necessary

Professional Membership or Qualifications

Please give details:

Professional Membership or Qualifications	Date obtained

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses:

Title of Training Programme/Course/Workshop	Continue on a separate sheet if necessary

Continue on a separate sheet if necessary

Section 6 Criteria

Explain how you satisfy the essential/desirable job criteria for this post. These are listed in the Personnel specification for the post. Please ensure you give dates where requested.

Criteria 1: That you meet one of the essential criteria/qualifications as set out in the 'Qualifications' requirements in the Person Specification.

Max words [200]

Criteria 2: Must be an active participant in a professional body such as, BACP, BABCP, IACO or NCPS.

Max words [200]

Criteria 3: Minimum of 4 years' post-qualification supervised clinical practice (accumulating to at least 500 hours post-qualifying practice experience).

Max words [200]

Criteria 4: Minimum of 2 years' experience in a managerial capacity gained within the last 5 years.

Max words [200]

Criteria 5: Demonstrable leadership skills.

Max words [350]

Criteria 6: Ability to plan, manage, monitor and self-motivate and to build good working relationships with individuals and organisations.

Max words [350]

Section 7 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes ☐ No ☐

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes ☐ No ☐

If yes, please give details:

Section 8 Health

Successful applicants may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 9 References

Please give the names and addresses of two people who are willing to be your referees.

Referee 1: Your most recent employer.

Referee 2: If you have previously worked in a charity role please supply a referee from this employer, otherwise it should be someone who has a professional or community position and has known you personally for at least 3 years. **They should not be members of your family.**

Referee 1 (work)		Referee 2 (other)	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/>		<input type="text"/> Postcode <input type="text"/>
Telephone Nº:	<input type="text"/>	Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Please provide a professional email address for professional references

Are you willing for this referee to be approached prior to the interview?

Yes

☐

No

☐

Are you willing for this referee to be approached prior to the interview?

Yes

☐

No

☐

Section 10 Declaration

Is there any reason why you cannot work in Regulated Activity?

Answer

YES

NO

(Please circle)

If yes, please give details:

I hereby certify that:

- I understand that the appointment is subject to receipt of satisfactory references, pre-employment health assessment, the verification of qualifications required for the post (as per the personnel specification) and appropriate Access NI disclosure check when relevant.

Having a conviction will not necessarily debar you from working with PIPS Charity. Please be advised that PIPS Charity adheres to the Access NI Code of Practice and has a Policy on the recruitment of ex-offenders, copies of which are available upon request from the HR Department.

- All the information given by me on this form is correct to the best of my knowledge
- All questions relating to me have been accurately and fully answered
- I have read and, if appointed, am prepared to accept the position as set out in the job description.

(N.B I understand and accept that any falsification of information in respect of this application may lead to my subsequent dismissal if I am successful in obtaining the post.

Signed:

NAME (BLOCK CAPITALS)

Date:

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Completed Application Forms along with the Monitoring Form should either be emailed to liz@pipscharity.com or sent by post, or delivered by hand to:

**PIPS
279 Antrim Road
Belfast
BT15 2GZ**