# Application for Employment

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| Role you are applying for: | Clinical Psychologist |
| Are you eligible to work in the United Kingdom? Please delete as appropriate. | Yes | No |
| How did you hear about this vacancy? |  |

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| Your Personal Details |
| Title: |  | Surname: |  |
| First name: |  | Email: |  |
| Address |  |
| Telephone: |  | Mobile: |  |
| Do you have a current, full UK driving license? Please delete as appropriate. | Yes | No |

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| Your Education & Professional Details |
| Are you a member of a professional body? | Yes | No |
| If you are registered, please provide the name of the organisation and your registration number. |  |
| If you are not registered, please provide further detail explaining why. |  |
| Do you currently hold a Doctorate in Clinical Psychology?  | Yes | No |
| If you do not, please detail when you will receive your qualification. |  |

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| What university did/do you attend to obtain your DClinPsy? |  | From: |  | To: |  |
| Please provide further detail on any other relevant training you have undertaken.Please leave blank if not applicable. Please provide further detail on the continuation sheet (page 7) if necessary. | From: |  | To: |  |
| Detail: |  |
| From: |  | To: |  |
| Detail: |  |
| From: |  | To: |  |
| Detail: |  |

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| Your Current Employment and Employment History |
| Please give an accurate and full employment history since leaving full-time education. If you run out of space, please provide further detail on the continuation sheet (page 7).  |
| Your Current Role |
| Employer’s Name: |  | From: |  | To: |  |
| Position held:  |  |
| Responsibilities: | Please give a brief overview of your role and its responsibilities. |
| Your notice period: |  |
| Your Employment History |
| Employer’s Name: |  | From: |  | To: |  |
| Position held:  |  |
| Responsibilities: | Please give a brief overview of your role and its responsibilities. |
| Employer’s Name: |  | From: | dd/mm/yy | To: | dd/mm/yy |
| Position held:  |  |
| Responsibilities: | Please give a brief overview of your role and its responsibilities. |
| Employer’s Name: |  | From: | dd/mm/yy | To: | dd/mm/yy |
| Position held:  |  |
| Responsibilities: | Please give a brief overview of your role and its responsibilities. |
| Employer’s Name: |  | From: | dd/mm/yy | To: | dd/mm/yy |
| Position held:  |  |
| Responsibilities: | Please give a brief overview of your role and its responsibilities. |
| Your Personal Statement |
| Please provide further detail on your skills, your qualifications, your experience and why you are applying for this position. Please refer to the job profile and person specification to find out more about the role and what we are looking for. |
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| References |
| Before confirming employment, we will require two satisfactory references. One of these should be from your most recent employer. Please note that referees will be asked about whether you have been the subject of any safeguarding concerns. |
| Your Current Role |
| Company Name: |  | From: | dd/mm/yy | To: | dd/mm/yy |
| Referee Name:  |  | Position Held: |  |
| Email: |  | Telephone: |  |
| Can we contact your referee prior to an interview? | Yes | No |
| Previous Role |
| Company Name: |  | From: | dd/mm/yy | To: | dd/mm/yy |
| Referee Name: |  | Position Held: |  |
| Email: |  | Telephone: |  |
| Can we contact your referee prior to an interview? | Yes | No |

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| Emergency Contact Details |
| Name: |  | Relationship: |  |
| Phone Number: |  |

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| Additional Information |
| **IMPORTANT NOTICE:** As this post is one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 both spent and unspent convictions must be declared (although protected cautions and convictions do not need to be declared). In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Gateway Psychology. This post will require the successful applicant to undertake a Disclosure and Barring Service (DBS) check at enhanced level before a position can be confirmed. |
| 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 (Amendment) (England and Wales) Order 2013 No.1198? | Yes | No |
| If yes, please give further details: |  |
| Are you, or have you ever been, the subject of fitness to practice proceedings by a UK or overseas licensing or regulatory body? | Yes | No |
| If yes, please give further details: |  |

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| Are there any reasonable adjustments you require for the interview to take place? If yes, please provide further details so that we can do our best to accommodate them. | Yes | No |
| Please provide further detail if applicable. |

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| I confirm that the information given in this form is correct and that I have not knowingly withheld any material fact. I understand that the information provided in this application form includes personal data and sensitive personal data under the Data Protection Act 1988 and I hereby consent to Gateway Psychology processing this information for the purposes of this application and any subsequent employment with Gateway Psychology. |
| Name and Signature: |  | Date: |  |

**Please return this application form, with your CV, to** **contact@gateway-psychology.co.uk** **or by post to 7-9 The Boulevard, Tunstall, Stoke-on-Trent, ST6 6BD.**

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| Continuation Sheet |
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