*Dear Applicant,*

Please complete the application form below, after having read the job description and reviewed your qualifications, experience, skills and knowledge against the person specifications. There is no need to supply us with a cover letter, you can include this information in the ‘supporting information’ section of this form.

Please be aware that due to the large number of applicants, we will only contact successful applicants. Shortlisting happens once every 2 to 3 months.

|  |  |
| --- | --- |
| **Qualifications**  Do you have at least a 2:1 (Hons) in Psychology – or an equivalent degree with entitlement to a graduate membership of the BPS? |  |
| **Experience**  Do you have direct experience with people with mental health difficulties? |  |
| **Knowledge**  Do you have knowledge of psychological assessment and clinical psychology? |  |
| **Skills and Ability**  Do you have proven good communication and organisational skills?  Are you skilled in using word processing and data-bases? |  |

***Personal Information***

|  |  |
| --- | --- |
| Email address |  |
| Title |  |
| Surname/Family name |  |
| First name |  |
| Middle name(s) |  |
| Name in which you are registered with a professional body (if applicable) |  |
| UK National Insurance number |  |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Town/City |  |
| County/State |  |
| Country |  |
| Postcode/Zip code |  |
| Home telephone |  |
| Work telephone |  |
| Mobile telephone |  |
| Preferred telephone number to be contacted on |  |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? |  |
| Are you an NHS Professional returning to practice? |  |

***Qualifications***

**Education & Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Subject/Qualification | Place of study | Grade/Result | Year obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Relevant Training Courses Attended**

|  |  |  |  |
| --- | --- | --- | --- |
| Course title | Training provider | Duration | Year completed |
|  |  |  |  |

**Membership of Professional Bodies**

|  |  |
| --- | --- |
| Please indicate your professional registration status. |  |

**Conditions/Restrictions**

|  |  |
| --- | --- |
| Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country? |  |
| Have you ever been removed from the register or have conditions or undertakings been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country? |  |

***Employment History***

|  |  |
| --- | --- |
| Start date of continuous NHS service (if applicable) |  |
| Months since most recent employment ended (if applicable) |  |

**Current/most recent employer (reference always required)**

|  |  |
| --- | --- |
| Employer name |  |
| Employer address |  |
| Type of business |  |
| Reporting to (job title) |  |
| Telephone |  |
| Your job title |  |
| Start date |  |
| End date |  |
| Grade |  |
| Salary |  |
| Period of notice |  |
| Reason for leaving (if applicable) |  |
| Brief description of your duties and responsibilities |  |

**Previous employer 1**

|  |  |
| --- | --- |
| Employer name |  |
| Employer address |  |
| Type of business |  |
| Reporting to (job title) |  |
| Telephone |  |
| Your job title |  |
| Start date |  |
| End date |  |
| Grade |  |
| Salary |  |
| Period of notice |  |
| Reason for leaving (if applicable) |  |
| Brief description of your duties and responsibilities |  |

**Previous employer 2**

|  |  |
| --- | --- |
| Employer name |  |
| Employer address |  |
| Type of business |  |
| Reporting to (job title) |  |
| Telephone |  |
| Your job title |  |
| Start date |  |
| End date |  |
| Grade |  |
| Salary |  |
| Period of notice |  |
| Reason for leaving (if applicable) |  |
| Brief description of your duties and responsibilities |  |

**Previous employer 3**

|  |  |
| --- | --- |
| Employer name |  |
| Employer address |  |
| Type of business |  |
| Reporting to (job title) |  |
| Telephone |  |
| Your job title |  |
| Start date |  |
| End date |  |
| Grade |  |
| Salary |  |
| Period of notice |  |
| Reason for leaving (if applicable) |  |
| Brief description of your duties and responsibilities |  |

**Previous employer Additional**

If needed, please provide details of further employment history in the same format as ‘Previous Employment sections 1-3’

**Employment Gaps**

|  |  |
| --- | --- |
| If you have any gaps within your employment history, please state the reasons for the gaps. |  |

***Referees***

**Referee 1 of 2**

|  |  |
| --- | --- |
| Type of reference |  |
| Email |  |
| Title |  |
| Surname/Family name |  |
| First name |  |
| Relationship |  |
| Employer name |  |
| Referee job title |  |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Town/City |  |
| County/State |  |
| Country |  |
| Postcode/Zip code |  |
| Telephone |  |
| Fax |  |
| Can the referee be approached prior to interview? |  |

**Referee 2 of 2**

|  |  |
| --- | --- |
| Type of reference |  |
| Email |  |
| Title |  |
| Surname/Family name |  |
| First name |  |
| Relationship |  |
| Employer name |  |
| Referee job title |  |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Town/City |  |
| County/State |  |
| Country |  |
| Postcode/Zip code |  |
| Telephone |  |
| Fax |  |
| Can the referee be approached prior to interview? |  |

***Supporting Information***

**Please provide details that support your suitability for this role. Please keep in mind the job description**

|  |
| --- |
|  |