



Job Application Form

PLEASE COMPLETE IN BLACK TO FACILITATE PHOTOCOPYING

You are requested to complete this form (using supplementary sheets if there is insufficient space for any entry). **All sections must be completed.**

POST APPLIED FOR:

CAMHS Practitioner CYP-IAPT Trainee (Autism Spectrum Conditions and Learning Disabilities)

OR

CAMHS Practitioner CYP-IAPT Trainee (Parent Training)

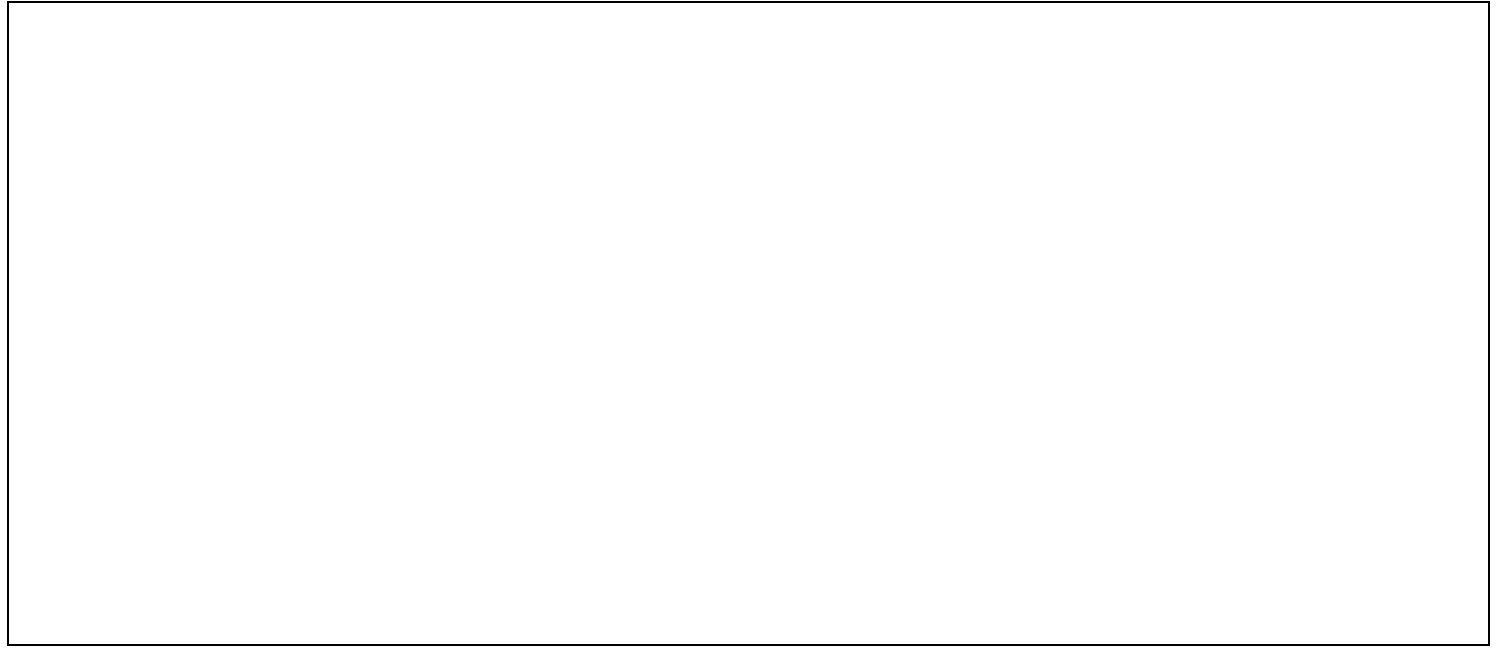
(please delete as appropriate)

PERSONAL DETAILS (block capitals please)

Surname/Family Name:	Preferred Title:
First Name(s):	Previous Surname:
Home Address:	Email:
	Telephone (Home)
	Telephone (Work)
Post Code:	Telephone (Mobile)
National Insurance Number:	

CURRENT OR MOST RECENT EMPLOYMENT

Employer's Name:		
Department/Section:		
Address:		
Job Held:	Grade:	Salary:
Date Started: 2012	Are you still employed?	
If YES , amount of notice required half a term	or, if NO , the date employment ended:	
Brief description of the main duties of your job:		



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PREVIOUS EMPLOYMENT DETAILS

Please list all your previous jobs with dates to the nearest month starting with the most recent. (You should include all periods of work experience, work placements or voluntary work and periods when you were not in employment)

From	To	Name and Address of Employer	Job Title	Reason for Leaving

Have you lived or worked abroad (including studying) for 6 months or more in the last five years?

YES / NO (please delete as appropriate) If YES – please give details:

Country	From	To	Purpose

EDUCATION/QUALIFICATIONS

Please give details of your education including any professional qualifications, starting with the most recent attained

Dates Attended From / To	Name(s) and Address(es) of Secondary School/College/ University or other	Qualifications gained (State:level/grade/date achieved)

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LEISURE INTERESTS

Please state briefly what your main leisure interests are, particularly where these are relevant to the work for which you are applying.

MEMBERSHIP OF PROFESSIONAL BODIES

Name of Institute/Professional Body	Current Level of Membership (e.g. corporate)	Membership Number
Please give details of your involvement with these bodies (e.g. attendance at meetings)		

TRAINING AND DEVELOPMENT

REFERENCES

Please give the names, addresses and status of two referees who may be approached now, **one of whom must be your present or most recent employer. References from friends or relatives are not acceptable.**

1) Name:	Status:
Address:	
Telephone:	
Email:	
2) Name:	Status:
Address:	
Telephone:	
Email:	

If you are known to the referees by another name (e.g. previous name) please inform them of your present name and advise that we may be in contact.

From what source did you learn of this vacancy?	
Are you a relative or partner of any employee or director of the Nessie?	
If yes, please give details:	
Has someone else completed this form on your behalf?	
If yes, please provide the person's name and an explanation:	

I certify that the information given above and overleaf is correct to the best of my knowledge. I accept that if any of the enclosed information is found to be untrue or misleading after my appointment, I may be liable for dismissal without notice.
Signature:
Date:

YOU NOW NEED TO COMPLETE THE FOLLOWING PERSON SPECIFICATION FORM

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PERSON SPECIFICATION FORM

Name:	
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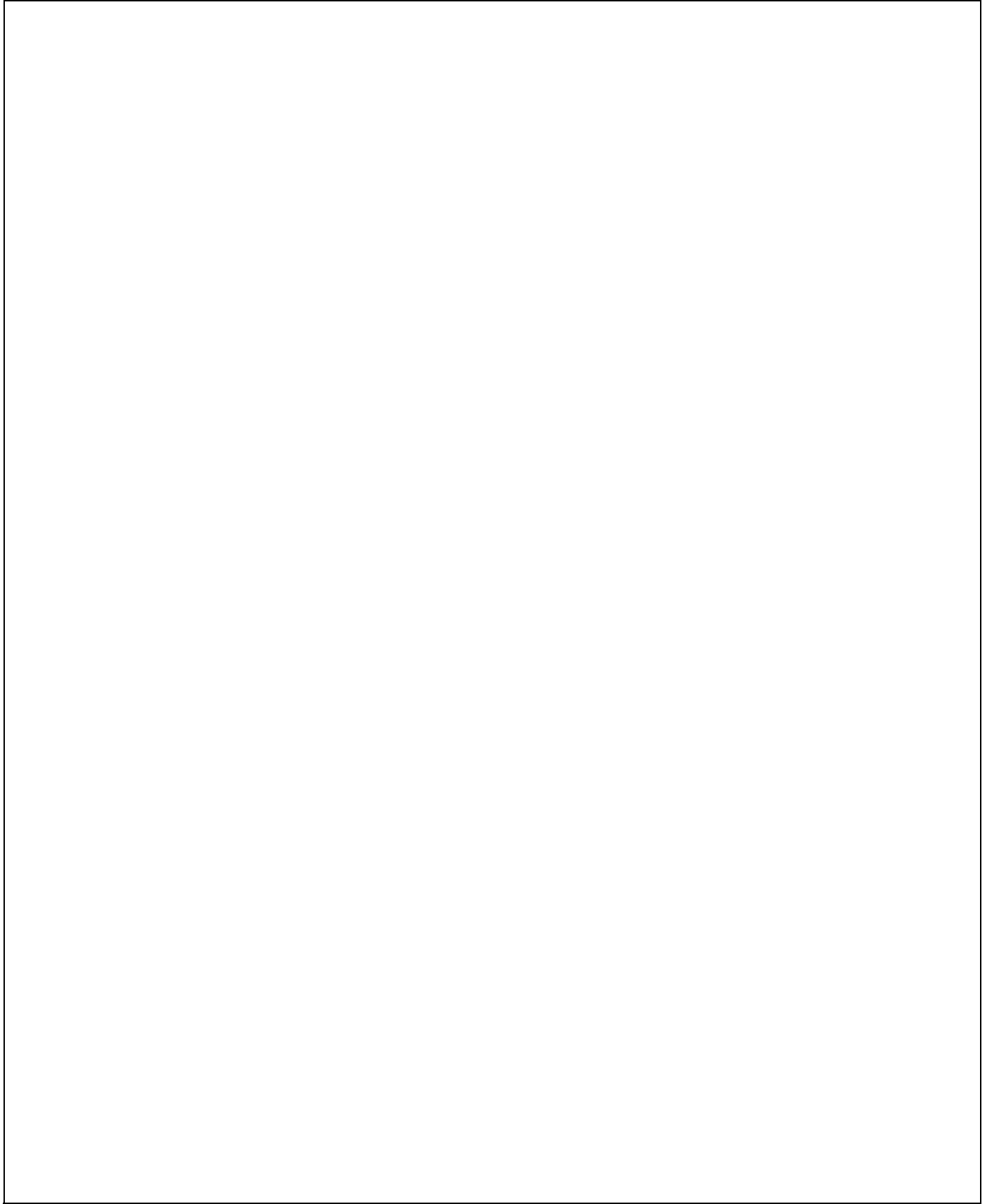
You are requested to complete this form (using supplementary sheets if there is insufficient space for any entry)

- It is essential that you complete and return this form
- This form is your chance to show us how well you can do this job
- Remember just saying you can do it is not enough; we need an example.
- You can use examples from work, school, college, hobbies, voluntary work or daily life.
- Please use the person specification attached to this role to guide your answers

Example: Ability to prioritise workload
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In my current job I plan my work on a daily basis but adjust it when an urgent query or problem arises, e.g. when another team member unexpectedly calls in sick. I always raise any urgent issues with my manager.

SKILLS AND ABILITIES



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EXPERIENCE

KNOWLEDGE/USEFUL ADDITIONAL INFORMATION

Please note that if you are invited to interview, you will be asked about the boundaries between adults and children in a school.

Signed :

Date: