

**Application Form**

The British Psychotherapy Foundation is an equal opportunity employer. All applicants are considered for employment based upon their skills and abilities without regard to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, or other legally protected status.

Please complete all sections of this application as accurately and thoroughly as possible before submitting the application.

All information provided on this form will be kept private and confidential.

|  |  |
| --- | --- |
| **Role:** | |
| **Where did you see vacancy advertised?** |  |

**Personal details**

|  |  |
| --- | --- |
| **Name** |  |
| **Home address:** |  |
| **Post code:** |  |
| **Email address** |  |
| **Contact telephone number:** |  |

|  |  |
| --- | --- |
| **Are there any restrictions on your continued residence or employment in the UK? (If yes, please give details)** | Yes □ No □ |
| **What period of notice are you required to give your present employer?** |  |
| **Do you consider yourself to have a disability under the Disability Discrimination Act?** | Yes □ No □ |
| **Would you require any particular arrangements to attend an interview? (If yes, please give details)** | Yes □ No □ |

**Employment details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer (full business name and address)** | **Date from and to** | **Job title & brief description of duties** | **Current/last salary and reason for leaving** |
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**Supporting Statement**

|  |  |
| --- | --- |
| **This should include details of your main achievements to date that help to demonstrate your skills and suitability for this position.** |  |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of School, College, University** | **From – to** | **Qualification or details of course attended** | **Result/grade achieved** |
|  |  |  |  |
|  |  |  |  |

**Training and professional qualifications**

|  |  |
| --- | --- |
| **Course and training provider:** |  |
| **Brief details:** |  |

**References: Current/last employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Job title:** |  |
| **Address:** |  | **Postcode:** |  |
| **Telephone:** |  | **Email:** |  |
| **Position held by you:** |  | **Dates of position held by you:** |  |

**References: Previous employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Job title:** |  |
| **Address:** |  | **Postcode:** |  |
| **Telephone:** |  | **Email:** |  |
| **Position held by you:** |  | **Dates of position held by you:** |  |

I confirm that to the best of my knowledge and belief the information I have given in support of my application is correct and understand that any misleading statement or deliberate omission may result in my dismissal and a claim for damages if I am appointed.

I hereby consent to the processing of sensitive personal data (in accordance with UK GDPR) involved in the consideration of this application.

I understand that all personal details will be held in strict confidence and will not be divulged to any other individuals or organisation for any other purpose.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

Thank you for applying.

When you have completed the form, please return to: [vacancies@bpf-psychotherapy.org.uk](mailto:vacancies@bpf-psychotherapy.org.uk)

If you have any further queries, please email [vacancies@bpf-psychotherapy.org.uk](mailto:vacancies@bpf-psychotherapy.org.uk)