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| **Application for the post of** | | | | **Wellness through the Wilderness Senior Therapeutic Lead - Split post** (8-hour delivery on Alternative Provision) | | | | | |  |
| Based at: | **Sandwell schools & Baggeridge Country Park** | | | | | | | | |  |
| Full Name: |  | | | | | | | Mr/Mrs/Ms/Other |  |  |
| Address: |  | | | | | | | | |  |
|  |  | | | | | | | | |  |
| Post Code: |  | | | | Tel No: |  | | | |  |
| Date of Birth: | |  | | | | | | | |  |
| E-mail address: | | | | | | | | | |  |
|  | | | | | | | | | |  |
| Ethnicity: |  | | | | Disabled: | | Yes ❒ No ❒ | | |  |
| Please Specify |  | | | | Please Specify: | |  | | |  |
| National Insurance Number: | | |  | | | | | | |  |
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| **Relevant Qualifications and Training:** |  |  |
| |  |  |  | | --- | --- | --- | | Qualification Title | Awarding Body | Date Achieved | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |  |

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| **Present or Most Recent Employment** | | | |  | | |  |
| Name of Employer: | |  | | | | |  |
| Address: |  | | | | | |  |
| Post Held: |  | | | | | |  |
| How Long in Employment? | | | Years | | | Months |  |
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| **Previous Employment/ Experience relevant to the post** | | | | |  | |  |
| Name of Employer: | |  | | | | |  |
| Address: |  | | | | | |  |
| Post Held: |  | | | | | |  |
| How Long in Employment? | | | | Years | | Months |  |
| Reason for leaving: | | |  | | | |  |
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| **Previous Employment/ Experience relevant to the post** | | | | |  | |  |
| Name of Employer: | |  | | | | |  |
| Address: |  | | | | | |  |
| Post Held: |  | | | | | |  |
| How Long in Employment? | | | | Years | | Months |  |
| Reason for leaving: | | |  | | | |  |
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| **Previous Employment/ Experience relevant to the post** | | | | |  | |  |
| Name of Employer: | |  | | | | |  |
| Address: |  | | | | | |  |
| Post Held: |  | | | | | |  |
| How Long in Employment? | | | | Years | | Months |  |
| Reason for leaving: | | |  | | | |  |
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| **References** | | | |  | | | |  |
| ***Please supply the name, address and occupation of two persons for references. This should not be a member of your family. You must have known your referee for a minimum of 2 years.*** | | | | | | | |  |
| Name: |  | | |  | Name: |  | |  |
| Address: | |  | |  | Address: |  | |  |
|  | |  | |  |  |  | |  |
| Postcode: | |  | |  | Postcode: |  | |  |
| Tel No: | |  | |  | Tel No: |  | |  |
| Occupation: | | |  |  | Occupation: | |  |  |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |

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| **Next of Kin** | |  | | | |  |
| ***Please supply details of next of kin. These details will be used in an emergency only*** | | | | | |  |
| Name: |  | | | | |  |
| Relationship: |  | | | | |  |
| Home Tel No: |  | |  | Mob: |  |  |
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| **Health** | |  |  |
| ***Please detail any health problems you may have (if NONE please state ‘NONE’)*** | | |  |
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| **Driving** | | Do you hold a current licence? | | Yes ❒ No ❒ |  |
| If yes, for which vehicles? | | |  | |  |
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| **Convictions** | |  |  |
| ***In accordance with ‘The Rehabilitation of Offenders Act, please detail below any convictions or cautions against you including cautions for any offence (not just those involving children) which for other purposes are ‘spent’ under the provisions of the Act, giving dates, type of offence, sentence and or fine imposed (if NONE please state ‘NONE’).*** | | |  |
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| **Please give details and information about yourself relevant to the role applied for. Include experience, qualifications, and personal qualities/attributes.** (Continue on separate page if necessary) | | |  |  |
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| **Declaration of Applicant** | |  | |  |
| ***I declare that the information given on this form is correct to the best of my knowledge and belief and give Breathing Space Therapeutic Services CIC permission to contact any relevant body to verify the details given above.*** | | | |  |
|  |  | | |  |
|  | Signed…………………………………………… | | Date ……………………… |  |
|  |  | | |  |