



Psychology for Flourishing

APPLICATION FORM Associate Positions

1. PERSONAL DETAILS

Surname/Family Name:	First Name:	Contact tel. no:
	D.O.B	Email address:
Address:	National Insurance Number:	
	Do you hold a current driving license?	
	Date obtained:	
	Type of license held:	
Under the Disability Discrimination Act, do you consider yourself to have a disability?		

Associate Position Applied For:	Please tick Below:
Educational Psychologist	
Clinical Psychologist	
Counsellor/Psychotherapist/Other Therapist	
Speech and Language Therapist	
Occupational Therapist	

Professional Body Registrations (e.g. HCPC):	Registration/Membership Number:

2. EDUCATION AND TRAINING

Please give details of secondary, further and higher education and other relevant CPD/training undertaken. Please note that you will be asked to provide evidence of your qualifications if your application is successful.

Qualifications			
Name of School/College/University	Period of study (dates)	Subject and type of qualification or course	Grade(s)

Recent CPD/Training		
Training provider	Date	Subject/title of course

3. EMPLOYMENT HISTORY

Current or most recent employment	
Post title:	
Employer and Address:	Date appointed: Date left (if applicable): Reason for leaving: Notice required/date available for work:

Previous employment/experience			
Starting with the earliest, please list previous experience. All time since leaving full time education should be accounted for. Additional sheets may be added.			
Name and address of Employer	Post Title/Brief outline of duties	Dates	Reason for leaving

4. SUPPORTING STATEMENT

Please tell us why you are interested in the post applied for. We are interested in hearing about your strengths and what is important to you in your work.

5. REFERENCES

Please give details of two referees whom we may ask about your suitability for the post. One of these should be your current or most recent employer. Referees must not be related to you. **As all associate positions with Flying Colours Educational Psychology involve working with children and young people, references will be taken up prior to any offer of work.**

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Tel. no:	Tel. no:
Email:	Email:
Occupation:	Occupation:

6. OTHER INFORMATION

Have you ever been convicted of a criminal offence?

YES / NO (declaration subject to the Rehabilitation of Offenders Act 1974)

Please note that because this post involves working with children and young people, rigorous checks will be undertaken. This will involve an enhanced check by the Disclosure and Barring Service on Police records for all criminal convictions, cautions and any impending cases.

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal, or the withdrawal of any offer of employment. I also give my consent to the processing of data contained or referred to on this form, in accordance with the General Data Protection Regulations (GDPR).

Signature.....

Date.....

Application forms should be returned by email to victoria@flyingcoloureducationalpsychology.co.uk