



## 2. Training courses attended

Please give details of continuing professional development courses.

Course title and training provider	Duration	Completion date

## 3. Membership of professional bodies

Professional body	Registration/PIN number	Date of expiry

3.1. Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country?

Yes / No

If yes please give details:

3.2. Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?

Yes / No

If yes please give details:

**4. Employment history:** (Please list current or most recent employment first)

<u>Employer name:</u>	<u>Employer address:</u>  <u>Telephone number:</u>
<u>Job title:</u>	
<u>Start date:</u>	<u>End date (if applicable):</u>
<u>Grade:</u>	<u>Salary:</u>
<u>Period of notice:</u>	<u>Reason for leaving (if applicable):</u>
<u>Brief description of your duties and responsibilities:</u>	

<u>Employer name:</u>	<u>Employer address:</u>  <u>Telephone number:</u>
<u>Job title:</u>	
<u>Start date:</u>	<u>End date (if applicable):</u>
<u>Grade:</u>	<u>Salary:</u>
<u>Period of notice:</u>	<u>Reason for leaving (if applicable):</u>
<u>Brief description of your duties and responsibilities:</u>	

<u>Employer name:</u>	<u>Employer address:</u>  <u>Telephone number:</u>
<u>Job title:</u>	
<u>Start date:</u>	<u>End date (if applicable):</u>
<u>Grade:</u>	<u>Salary:</u>
<u>Period of notice:</u>	<u>Reason for leaving (if applicable):</u>
<u>Brief description of your duties and responsibilities:</u>	

<u>Employer name:</u>	<u>Employer address:</u>  <u>Telephone number:</u>
<u>Job title:</u>	
<u>Start date:</u>	<u>End date (if applicable):</u>
<u>Grade:</u>	<u>Salary:</u>
<u>Period of notice:</u>	<u>Reason for leaving (if applicable):</u>
<u>Brief description of your duties and responsibilities:</u>	

**5. Have you ever been dismissed from any post?** Yes / No

If yes please give details:

**6. Have you ever been convicted of a criminal offence?** Yes / No

If yes please give details:

**7. Do you agree to the Project carrying out DBS check?** Yes / No

**8. Please state below why you are applying for this post, what personal skills and qualities you think you can offer and why this post interests you (continue on a separate sheet if necessary).**

**9.** Please give details of any previous experience in the field of mental health, with examples if appropriate:

**10.** Please give details of any experience working or volunteering within the voluntary/charity sector:

**11.** Please give details of any experience you have of networking, communicating and engaging with a wide range of people and organisations:

**12.** Please give details of any involvement you may have had in developing strategy and/or in leading change:

**13.** Please give details of your experience of office administration and management:

**14.** Please give details of any additional experience which you feel is relevant to the post:

**15.** Please give some insights into your personal interests and leisure pursuits:

## 16. References:

Please give names, addresses, telephone numbers and email addresses of two referees, one of whom should be your current or most recent employer.

### 1. Current/most recent employer

<u>Name:</u>  	<u>Address:</u>  
<u>Telephone number:</u>  	<u>Email address:</u>  

### 2. Character reference

<u>Name:</u>  	<u>Address:</u>  
<u>Telephone number:</u>  	<u>Email address:</u>  

References will be requested after interview

Please indicate where you saw this post advertised:

Closing date for applications: Friday 8<sup>th</sup> February 2019

**Please return completed application form to:**

Hannah Cooper – Project Manager  
One to One Project  
Nelson House  
Bergen Way  
King's Lynn  
PE30 2DE