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| APPLICATION  *School Counsellor Lead* |  |

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| Applicant Information | | | | | | | | | | | | | | | | | |
| Forename |  | | | | | Surname |  | | | | Title |  | | | | | |
| Address |  | | | | | | | | | | | | | | | |
| City |  | | | | | County |  | | | | Post code |  | | | | | |
| Phone |  | | | | | E-mail Address | | |  | | | | | | | | |
| Are you a British Citizen? | | | | YES | NO | | If no, are you authorised to work in the UK? | | | | | | YES | | NO | | |
| Have you applied with NSPW before? | | | | YES | NO | | If so, when & what role(s)? | | |  | | | | | | | |
| Do you consider yourself to have a disability or condition? | | | | YES | NO | | Please tell us any reasonable adjustments we can help with? | | |  | | | | | | | |
| Where did you hear about this position? | | | |  | | | | | | | | | | | | | |
| Education – *Please include any courses currently studying* | | | | | | | | | | | | | | | | | |
| Course |  | | | | Location | |  | | | | | | | | | | |
| From |  | To |  | | Have you completed this course? | | | | | | | | | YES | | NO | |
| Course |  | | | | Location | |  | | | | | | | | | | |
| From |  | To |  | | Have you completed this course? | | | | | | | | | YES | | NO | |
| Course |  | | | | Location | |  | | | | | | | | | | |
| From |  | To |  | | Have you completed this course? | | | | | | | | | YES | | NO | |
| Course |  | | | | Location | |  | | | | | | | | | | |
| From |  | To |  | | Have you completed this course? | | | | | | | | | YES | | NO | |
| Any other CPD Courses related to application | | | | |  | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | |
| **Please list two professional references.** Please ensure if you are a trainee one is your course tutor or supervisor. | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | Relationship | |  | | | | | | | |
| Company | |  | | | | | | Phone | |  | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | Relationship | |  | | | | | | | |
| Company | |  | | | | | | Phone | |  | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | | |
| Can we contact reference prior to employment | | | | | | | | | | | | | YES | | NO | | |

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| Previous Employment – Please provide the last five years experience, including volunteering roles | | | | | | | | |
| Job Title | |  | Company |  | | | | |
| Start Date | |  | End Date |  | | | | |
| Duties:  (Please give a brief of your main duties and responsibilities) | |  | | | | | | |
| Job Title | |  | Company |  | | | | |
| Start Date | |  | End Date |  | | | | |
| Duties:  (Please give a brief of your main duties and responsibilities) | |  | | | | | | |
| Job Title | |  | Company |  | | | | |
| Start Date | |  | End Date |  | | | | |
| Duties:  (Please give a brief of your main duties and responsibilities) | |  | | | | | | |
| Job Title | |  | Company |  | | | | |
| Start Date | |  | End Date |  | | | | |
| Duties:  (Please give a brief of your main duties and responsibilities) | |  | | | | | | |
| Job Title | |  | Company |  | | | | |
| Start Date | |  | End Date |  | | | | |
| CONVICTIONS AND SAFEGUARDING | | | | | | | | |
| Do you have any criminal convictions | | | | | | | YES | NO |
| Have you had ANY child protection or safe guarding concerns raised against you? | | | | | | | YES | NO |
| When applying for a role that involves working with Children, Young People or Vulnerable Adults directly or indirectly ALL cautions, bindovers, pending prosecutions, spent and unspent convictions must be declared.    NSCS carry out enhanced CRB checks, we regard safeguarding as a high priority when working with Young People and Children. If you are unsure about anything please get in touch. | | | | | | | | |
| SUPPORTING DOCUMENTATION | | | | | | | | |
| Please write a supporting statement detailing why you think you would be suitable as for this role, with as much detail about yourself and experience as you can, particularly around the job specification and why you would be suitable. Please limit this to 400 words. | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Disclaimer and Signature | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview  may result in my release. | | | | | | | | |
| Please print Name |  | | | | Date |  | | |