 **Application for Clinical/Counselling Psychology role with the Stage II team**

**Committed to Ending Abuse (CEA.)**

**Please note that Part A of the form will not be seen by the selection committee.**

Please complete this form in black ink or type and return itto: Dr.Christina Adamou, CEA., 21 Wellside Place Falkirk FK1 5RL (marked confidential) or email [christina@cea.uk.com](mailto:christina@cea.uk.com). Our preference is for applications to be completed electronically.

**PART A: Personal Information**

|  |  |
| --- | --- |
| First Name |  |
| Last name |  |
| Home address including postcode | |
| Address for correspondence if different from above  Postcode | |
| Telephone (Home) |  |
| Mobile |  |
| Telephone (Work) |  |
| Email |  |
| Preferred method of communication |  |
| Where did you hear about this vacancy? | |
| Have you ever been a service user at CEA Ltd? **YES/NO** | |

**References**

Please list two people whom we can approach as a reference for you. One reference should be provided by your most recent clinical supervisor.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Job title |  |  |
| Organisation |  |  |
| Address (including postcode) |  |  |
| Work Telephone Number |  |  |
| Email |  |  |
| Relationship to you |  |  |

**Declaration**

1. I declare that the information in this application is correct and truthful. If I have misled the Selection Committee, I agree to my disqualification from the selection process or immediate termination of the role.

2. I understand that the information provided on this form and obtained from other relevant sources will be used to process my application to become an employee of CEA. and to monitor the recruitment process. I understand that it may also be used to ensure compliance with the law including registration with OSCR etc and for the prevention or detection of crime, to protect public funds, or in other ways as permitted by law.

I agree to the processing of my data, in accordance with the Data Protection Act 2018, by CEA Ltd.

Signature: Date:

**Part B: EXPERIENCE/EDUCATION/SKILLS/INTERESTS**

**This part of the application form will be seen by the selection panel**

**Please feel free to expand the boxes or to provide further information on an additional sheet(s).**

|  |
| --- |
| **Experience**   Do you have previous experience supporting people who have suffered the effects of abuse? If yes, please include a brief description of your experience, and where applicable, include name of employers/organisations, positions held, from and to dates, reasons for leaving. |
|  |

**EDUCATION, TRAINING AND EMPLOYMENT HISTORY**

|  |  |  |
| --- | --- | --- |
| **Date (from - to)** | **Education or Training Qualification** | **Name of Establishment** |
| **Date (from - to)** | **Work Role and Place of Work** | **Short description of duties** |

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| **COVER LETTER (Please also include the reason you are interested in this role and in working as part of our team and what you will specifically bring to the role).** |
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