   

**Application Form**

**Therapeutic Family Support Worker**

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| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone**  **Day.**  **Evening:** |  |
| **Email:** |  |

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| **Present Employment:** | |
| **Employers Name** |  |
| **Address** |  |
| **Job Title** |  |
| **Length of service** |  |
| **Duties and responsibilities relating to post** |  |
| **How much notice required for current post?** | |
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| **Previous Employment** | | | |
| Organisation | Start date | End Date | Roles and responsibility |
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| **Education** (Please start with most recent qualifications) | | |
| Dates | Establishment e.g. school, college, university | Qualifications obtained |
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| **Training** (Please start with most recent qualifications) | | | |
| Dates | Provider | Course | Qualification obtained |
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| **Registration to Governing body** | Yes | No |
| Name | Date of Registration | |

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| **Please explain the experience you have in relation to working with children and their families therapeutically.** |
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| **Please explain experiences you have assessing family’s needs and implementing support?** |
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| **Please give examples you have of working in partnership with others to support families.** |
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| **Please give an example of a time when you supported families through child protection process** |
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| **Please tell us what skills and experiences you feel you bring to the post of Therapeutic Family Support Worker.** |
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| **Are you on the ‘Disqualified from Working with Vulnerable Adults’ List?** |
| YES / NO |
| Disclosure of Offences Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 |
| Because of the nature of the work for which you are applying, the post is exempt from the provision of Section 4(ii) of the Rehabilitation of Offenders Act, 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order, 1975 and you are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Authority. |
| **Are there any restrictions regarding your employment?** *i.e. Do you require a work permit?* |
| YES / NO |
| If you answered YES, please give brief details. |
| **Have you ever been convicted of a criminal offence?**  **or are you at present the subject of criminal charges?** |
| YES / NO |
| If you answered YES, please give brief details. |

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to Linda Cuthbert at Play Therapy Base by 12 noon on Wednesday 9th June 21

Email: Linda@playtherapybase.co.uk

Postal address: Play Therapy Base,

32/13 Hardengreen Industrial Estate

Dalhousie Road, Eskbank

Midlothian EH22 3NX