

APPLICATION FORM

POST APPLIED FOR: TRAINER/COURSE TUTOR

Start Date - October 2021

PERSONAL DETAILS

Title: Dr/Mr/Mrs/Miss/Ms/Other _____ First Name(s) _____

Surname/Family Name _____ Previous Surname (if changed) _____

Home Address _____

_____ Postcode _____

Tel (home) _____ Tel (work) _____

Mobile: _____ Email: _____

Date of Birth: _____

EDUCATIONAL QUALIFICATIONS

State most recent first, attaching copies of certificates where possible. Do not send original certificates. Please continue on a separate sheet if necessary.

| Institution Name and Address | Qualification | Subject | Grade Achieved | Date Awarded |
|------------------------------|---------------|---------|----------------|--------------|
| | | | | |

PROFESSIONAL QUALIFICATIONS

Please give details below of professional registrations (e.g. BACP, UKCP)

| Organisation | Registration Number | Date of first registration |
|--------------|---------------------|----------------------------|
| | | |

EMPLOYMENT AND EXPERIENCE

List employment/voluntary experiences chronologically, starting with the most recent.

| Dates | Name of Employer | Position | Paid/Voluntary |
|-------|------------------|----------|----------------|
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PERSONAL STATEMENT - Please continue on a separate sheet if necessary

Please state your reasons for applying for this role, setting out your strengths and attributes, your experience and what you will bring to this role. Please discuss your background, your experiences of working with people and trainee students.

CRIMINAL CONVICTIONS

MIP meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974. You are therefore required to detail all previous convictions. Criminal records will be taken into account only where the conviction is relevant. MIP reserve the right to carry out a criminal record check with the Criminal Records Bureau as appropriate.

Have you ever had any criminal convictions Yes No

Have you any criminal convictions which are not yet "spent" under the Act Yes No

Are you involved in any cases for which details are pending Yes No

If you have answered yes to any of the above questions, please enclose details in a separate, sealed envelope marked Confidential with your name on it. Disclosed information will be handled and disposed of securely by MIP in compliance with the Disclosure and Barring Service, the Data Protection Act and other relevant legislation.

PEOPLE WITH DISABLIITIES

The Disability Discrimination Act 1995 defines a person as disabled if they have "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activites.

Do you consider yourself to have a disability: Yes No

If Yes, please specify the nature of your disability and advise if you have any specific requirements in order to work at MIP:

REFERENCES We require 2 references. The first reference should be from your current/most recent employer. The second reference could be from another source.

Full name Full name

Post held/Occupation Post Held/Occupation

Company Company

Address Address

.....

Postcode: Postcode

Email Email

Telephone Telephone

DECLARATION

Any statements on this form which prove to be untrue or purposely misleading may cause the application to be cancelled. Furthermore, if inaccuracies are highlighted at a later stage, we retain the right to retract any offer made. Under the terms of the Data Protection Act 2018 the personal information supplied by you will be treated in confidence but used internally for registering and statistical purposes.

Declaration: I confirm that the information given in this form is true, complete and accurate. No information requested or other material information has been omitted.

Applicant's signature Date

Please send your completed application by the closing date of 12th June 2021 to: Bob Cooke, Manchester Institute for Psychotherapy, 454 Barlow Moor Road, Chorlton cum Hardy, Manchester M21 0BQ. Or email: bob@mcpt.co.uk

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

EQUALITY AND DIVERSITY MONITORING FORM

The Manchester Institute for Psychotherapy wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation's Human Resources section.

Please return the completed form in the envelope marked 'Strictly confidential' to the Manchester Institute for Psychotherapy, 454 Barlow Moor Road, Chorlton, Manchester M21 0BQ.

Gender Male includes: trans male Female includes: trans female Non-binary
Prefer not to say If you prefer to use your own term, please specify here
.....

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49
50-54 55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

White

English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say Any other mixed background, please write in:.....

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say
Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say
Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes Please specify No
Prefer not to say

What is your sexual orientation?

Heterosexual Gay woman/lesbian Gay man Bisexual
Prefer not to say Questioning unsure Asexual Pan sexual Queer

If you prefer to use your own term, please specify here
.....

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish

Muslim Sikh Prefer not to say

If other religion or belief, please write in:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours
Annualised hours Job-share Flexible shifts Compressed hours
Homeworking Prefer not to say If other, please write in:.....

Do you have caring responsibilities? If yes, please tick all that apply

None Primary carer of a child or minor dependant Primary carer of partner marriage, civil or other Primary carer of disabled adult (18 and over)
Primary carer of elder person or parent
Secondary carer (another person carries out the main caring role)
Primary care of sibling Prefer not to say

