Tel: 0161 976 4414 Fax: 0161 9764474 Email: office@g-map.org

For admin purposes only

Date rec'd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acknowledge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Short listed \_\_\_\_\_\_\_\_\_\_\_ Interview date \_\_\_\_\_\_\_\_\_\_\_\_\_

**G-map Services Ltd.**

**Employment Application Form**

For The post of **Therapuetic Practitioner**

Please tick as appropriate: Full Time Post

Part Time Post (desired number of hours:\_\_\_\_\_)

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | NAME AND ADDRESS | | |
| *Last First Initials* |  |  |
| Name: | Date of Birth: |
| Previous names: | Gender: Male / Female |
| Address: | Telephone No:  Home: |
| Mobile: |
| Work: |
| Email address: |
| Post code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2 | REFERENCES | | | | |
| Please give two people who could provide you with references. One of these should be your current employer or, if self employed, your main contractor. Please indicate whether you would agree to G-MAP approaching these individuals prior to interview by deleting the appropriate word AGREE / DISAGREE | | | | |
| 1. Name: | Agree /  Disagree |  | 2. Name: | Agree /  Disagree |
| Job Title: | | Job Title: | |
| Address: | | Address: | |
| Post code: | |
| Post code: | |
| Telephone: | |
| Telephone: | |
| How do you know this person? | |
| How do you know this person? | |

*If there is insufficient space to complete any details please continue on a separate sheet that clearly identifies your name and the relevant question number.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3 | | | EDUCATION HISTORY | | | | | | | | | | | |
| Please give details of secondary schools and further education establishments attended together with examinations / qualifications attained or certified study completed. | | | | | | | | | | | |
| **Dates** | | | | **Name of Institution** | | | **Qualifications gained including award body** | | | | |
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|  | | 4 | | | MEMBERSHIP OF / REGISTRATION WITH PROFESSIONAL ORGANISATIONS | | | | | | | | | |
|  | | Please give details of secondary schools and further education establishments attended together with examinations / qualifications attained or certified study completed. | | | | | | | | | |
|  | | **Date of membership / registration** | | | **Name of Organisation** | | | **Status of membership / registration** | | | |
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|  | 5 | | | Employment History | | | | | | | | |  |  |
|  | Please list, starting with the most recent, your employment record. Please give brief reasons for any period/s of discontinuous service. | | | | | | | | |  |  |
|  | **Dates of employment** | | **Employer name and nature of their business** | | | **Brief detail of duties** | | | **Reasons for leaving** |  |  |
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|  |  | | 5 | | |  | | |  |  |  |

Do you hold a full driving licence? Yes / No Do you have a vehicle that can be used for work? Yes /No

Where did you hear about this job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign the following declaration:

* I confirm that I have never been the subject of a criminal or disciplinary matter in respect of sexual misconduct, sexual harassment, offences against a child or financial irregularity. Nor has there ever been a finding in fact against me in a civil court in respect of abusive behaviour towards a child.
* I understand that if I am successful in this application I will be requested to apply for disclosure of my criminal records from the Criminal Records Bureau. G-MAP shall not unfairly discriminate on the basis of Disclosure Information and a criminal record will not necessarily be a bar to obtaining the above position.
* I understand that G-MAP will reimburse second class travel costs or mileage at current local authority rates for short listed candidates attending an interview. Receipts will be required for all expenditure additional to, or instead of, mileage.

Signed Date

Please give your reasons for applying for this post (Maximum 1000 words). Short-listing will give priority to those persons who use this narrative to demonstrate their ability to meet the elements of the post and person specification. (Please continue on a separate sheet if necessary.)

I declare that the information contained in this application is accurate to the best of my knowledge and I understand that G-MAP may seek clarification from me or my referees if I am short listed for the post.

Signed Date

All applications will be acknowledged within two weeks of the closing date for applications.

Completed applications should be returned to:

G-map Services Ltd

1 Roebuck Lane

Sale

Cheshire

M33 7SY

Email: office@g-map.org