



Application Form

Clinical Associate

Complete all 4 pages of the application form. Return the application form with any supporting documents.

SECTION 1 PERSONAL DETAILS ↓

SURNAME/PRINCIPAL OR FAMILY NAME MR/MRS/MS/MISS/OTHER		PERMANENT HOME ADDRESS Telephone: _____ Fax: _____ Email: _____	
OTHER NAMES (in full)			
PREVIOUS SURNAME (if any)			
MALE/FEMALE	DATE OF BIRTH	CORRESPONDENCE ADDRESS (if different) Telephone: _____ Fax: _____ Email: _____	
COUNTRY OF BIRTH	COUNTRY OF PERMANENT RESIDENCE		
NATIONALITY	ETHNIC ORIGIN		

SECTION 2 WORK HISTORY ↓ *Please list your previous and current employment and voluntary work experience.*

Company / organisation	Dates		Position	Reason for leaving
	From	To		



SECTION 3 EDUCATION ↓ *Please list any professional, vocational or academic qualifications*

University or Institution Attended	Dates		Subject(s) of Study	Qualification (BA, MSc, etc.)	Result Grade	Date Obtained
	From	To				

SECTION 4 MEMBERSHIP ↓ *Are you a member of any professional or charitable organizations? If so, please specify.*

SECTION 5 EXPERIENCE ↓ *Please describe any training, courses and life experiences that you think are relevant.*



SECTION 6 SKILLS ↓ *What type of work would you like to do with Northumbria Counselling.*

Is there any group of people you particularly want to work with? e.g. couples, people with addictions etc.

SECTION 7 SUPPORT ↓ *What support, training or supervision might you need during your work.*

SECTION 8 RELEVANT EXPERIENCE ↓

Please provide details of any experience that you feel is relevant to this application including any practical experience.

SECTION 9 HEALTH & SPECIAL NEEDS ↓

If you are suffering, or have suffered, from ill health, or have a disability please give brief details.



SECTION 10 INSURANCE ↓ What professional insurance, if any, do you carry?

(Please note, counsellors must have insurance that covers their work as a therapist)

SECTION 11 REFERENCES ↓

Please provide details of two references. These can be either professional or character references from a professional person.

Associate therapists will require a minimum of 2 references from people who can comment on relevant and recent aspects of their therapeutic work.

Reference 1

Title
Name
Address
.....
.....
Postcode
Telephone

Reference 2

Title
Name
Address
.....
.....
Postcode
Telephone

In what capacity do they know you:

Reference 1
Reference 2

SECTION 12 DECLARATION ↓

I confirm that the information provided on this application form is true, accurate and complete.

Date:..... Signature:.....