



Supporting Young People to Take Charge of Their Mental Health

APPLICATION FORM

Please complete clearly in black ink

Post Applied For:		
Surname :		
First Name(s) :		
Address :		
Post Code :		Date of Birth :
Telephone No(s):	Landline:	Mobile:
Email:		

Current Training (if applicable)			
Course Title	Training Organisation	Start Date	End Date

101 Oxford Road
Reading
Berkshire
RG1 7UD



The Queen's Award
for Voluntary Service



Accredited
Service

Registered Charity No: 1171313

A 'Queen's Award for Voluntary Service 2021' organisation
A BACP Accredited Counselling Service

Employment Record – Please give details of your employment, starting with the most recent. Please explain any gaps and continue on another sheet if necessary. If none, please write ‘none’ below.

Job Title	Name of Employer	Date Started	Date Left

Do you consider yourself to have a disability?	YES/NO please delete
If yes, please tell us what sort of adjustments you might need in order to carry out the role	



Qualifications Please list any qualifications you have gained including NVQ's and any that you feel are relevant to the post you are applying for. If none, please write 'none' below.

Name of Qualification	Subjects	Grades	School/College/University	Date Awarded

Tell us a bit about yourself below and why you have chosen to apply for this post?



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How did you hear about this post?

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References

Please provide details of two referees; one should be your current or most recent employer.

Referee 1

Name:

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Position:

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Address:

--

Tel. No.

--

Email:

--



Referee 2
Name:
Position:
Address:
Tel. No.
Email:

Declaration: The information you have provided on this application form will be used by No5 for statistical purposes.

The information I have given on this form is true and accurate to the best of my knowledge.

Signed:

Date:

