# Application Form – CONFIDENTIAL

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| **Application for employment as:** | **Sessional Children and Young People’s Counsellor (Luton)** |

Completed application forms should be returned electronically to Katy Edwards, Counselling Services Manager, at [katy@cambridgerapecrisis.org.uk](mailto:katy@cambridgerapecrisis.org.uk). Please submit your completed application by **5pm on Monday 20th October 2025.**

Both in person and online interviews will be held.

**Please be aware that we may close this recruitment when we have received sufficient applications.**

1. **Personal Information**

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| First Name: | Last Name: |
| Address: | |
|  | Postcode: |
| Telephone Number: | Email Address: |

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| Please give details of any medical conditions or anything else you think it important for us to be aware of:  *We will be happy to talk to anyone with a medical condition about how their needs will best be met in the appointment process and, where appropriate, within the designated role* |

1. **Education and Training**

Please give details of any education or training you have that may be relevant to this role, including whether you have 450 hours post-qualifying experience. If you have less than 450 hours, please state how many hours post-qualifying experience you have:

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1. **Work Experience**

Please outline any paid or unpaid work experience you have that may be relevant to this role, starting with your most recent employer:

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1. **Knowledge and Skills**

Please outline how your skills, knowledge and experience **meet the requirements of the Person Specification:**

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1. **References**

Please give the names and contact details of two referees unrelated to you. One referee should be your current or most recent employer. If this does not apply, please provide the name of a professional person able to provide a character reference that is not a member of your family.

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| **Referee 1** | **Referee 2** |
| Name: | Name: |
| Job Title/Position: | Job Title/Position: |
| Relationship to you: | Relationship to you: |
| Email address: | Email address: |
| Telephone number: | Telephone number: |

1. **Disclosure**

**As this role will involve access to children and vulnerable adults it is exempted from the Rehabilitation of Offenders Act 1974. Those offered a position will be required to undertake an Enhanced Disclosure from the Criminal Records Bureau before the position is confirmed. The presence of a criminal record does not necessarily prevent work at CRCC.**

*(Please tick)*

I have nothing to declare □

I have information to declare □ (Details of any offences must be added on a separate sheet marked ‘Confidential’)

Please note when completing this form that you **must** include spent convictions and cautions under the Rehabilitation of Offenders Act 1974 (by virtue of the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) order 1975).

Sessional counsellors are responsible for the cost of the check, however CRCC will cover the administration fee. DBS checks are required to be updated every three years, or sooner if deemed necessary. Where a sessional counsellor is on the update service, this can be accepted so long as they can provide the original DBS certificate.

**DECLARATION**

*I declare that the information I have given is accurate and true and that any false or misleading information given on this form may lead to the offer of a placement being withdrawn.*

*I authorise CRCC to make any appropriate checks necessary in relation to the post I am applying for.*

*I agree that personal data obtained by CRCC relating to this application and the data provided on this form may be held and processed by CRCC on computer or in manual records. It may be used by CRCC for any purpose relating to this application. I give permission for the storage and processing of personal information by CRCC.*

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| **Name:** | **Signature:** | **Date:** |

**An applicant found to have knowingly given false information, or to have willfully suppressed any material fact**

**will be liable to disqualification or be asked to leave the organisation.**