



TEAM LEADER APPLICATION FORM

Please:

- complete ALL sections in as much detail as possible
- type/write in black ink
- put your name on any additional sheets used
- sign and date the declaration at the back of this form
- return the completed form by email to: projectdirector@bluesmileproject.org
by post to: Team Leader Application
Blue Smile
67 Grange Road
Cambridge
CB3 9AA

PERSONAL INFORMATION

Mr/Mrs/Ms/Miss/Dr/Other	First Name(s):	Surname
Have you ever used any other names? If so, please detail below		
Address	Home Tel no: Work Tel no: Mobile no:	
Email address:	Preferred method of contact:	
Next of kin	Relationship to you	
Emergency contact name:	Emergency contact tel no(s):	
Nationality	First language Other language(s) spoken	
Any medical conditions or anything else you think it would be important for us to be aware of? <i>Please give details. (Blue Smile will be happy to talk to anyone with a medical condition about how their needs will best be met in the appointment process and, if appointed, within the designated school.)</i>		

EDUCATIONAL QUALIFICATIONS

Please give details of completed higher education courses (undergraduate/graduate/postgraduate) starting with the most recent qualification

College/Institution	Degree/Course	Start date	End date	Results

Professional Development - completed courses

Institutions	Courses (Day, week, etc)	Start date	End date	Results

Membership of/registration with professional bodies

Professional body	Level/type of membership	Registration number

Personal counselling and psychotherapy

Please give details of any counselling and/or psychotherapy you have received with dates and the therapist/counsellor(s)' orientation

Theoretical model

Please give details of your theoretical training and orientation

Supervision

Group supervision for Team Leaders is provided every six weeks by Blue Smile. Please let us know what supervision you currently receive.

EMPLOYMENT HISTORY

Please give details of any employment, self-employment, voluntary work and periods of unemployment since leaving secondary education. In each case, please give a reason for leaving employment.

Employment history, including voluntary work, starting with the most recent

Name and address of employer	Position held	Main responsibilities	Dates	Reason for leaving

Please give reasons for any gaps in employment/study since leaving school

CURRENT POSITION AND CAREER HISTORY

Please give details of your present position and previous work experience, expanding in any way you wish on your career history. Include any positions of responsibility and achievements you feel may be of interest.

KNOWLEDGE, EXPERIENCE & SKILLS

Please provide any additional information which you feel it would be useful for us to know when considering your application, including any skills not directly relating to the current self-employed role. Please also tell us why you are interested in working with Blue Smile.

How did you hear about the Team Leader post at Blue Smile?

REFERENCES

Please give the names and contact details of two referees unrelated to you.
We request that, if relevant, your first referee is your main clinical supervisor.

One referee should be an employer who has known you for at least 2 years, preferably your existing employer. If this does not apply, please provide the name of a professional person able to provide a character reference e.g. doctor, teacher, religious representative, lawyer or member of the police.

Referee 1	Referee 2
Name	Name
Job title/position	Job Title/position
Relationship to you	Relationship to you
Email address	Email address
Tel no	Tel no
Address	Address
Postcode	Postcode

DISCLOSURE OF CRIMINAL CONVICTIONS

As this role will involve access to children, 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 Blue Smile.

(Please tick)

I have nothing to declare ☐

I have information to declare ☐

(I have given details of the offence on a separate sheet marked 'Confidential')

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 Blue Smile to make any appropriate checks necessary in relation to the post I am applying for.

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

Signed..... Date.....

If you are completing this form electronically, please type your name to indicate signature

Please email to projectdirector@bluesmileproject.org or send to: Amanda Langford, Project Director, Blue Smile, 67 Grange Rd, Cambridge, CB3 9AA