

APPLICATION FOR THE POSITION OF HEAD OF TRAINING

Please return this form to:

**The Trustees
Network Counselling & Training
Trinity College
Stoke Hill
Bristol, BS9 1JP**

SECTION 1: Personal details

Full name: _____

Title: Mr/Mrs/Miss/Ms/Dr/other _____

Address: _____

_____ **Post code:** _____

Telephone no: **Home:** _____

Work: _____

Mobile: _____

E-mail: _____

Please enclose a full CV in addition to your completed application form. CV enclosed:

Office Use

SECTION 2: Faith and experience

Please give an outline of your Christian faith and experience to date

Please comment on your ability to work closely with people from Christian or other spiritual traditions different to your own.

If you attend a church or fellowship please give details:

SECTION 3: Employment history

Please give details of your **employment**, listing the most recent (or current) first

Employer	Dates	Position held

SECTION 4: Experience

Please give details of your **experience** under the following headings:

Leadership - of a department/organisation

Strategy – formulating and implementing, monitoring and evaluating strategic objectives.

Education/Training – Providing Education/Training to adults

Marketing/Networking – marketing/networking of an organisation to promote it and understand developments/opportunities.

Management and personnel - including any specific reference to training and/or counselling

Counselling – Any Education, Practice and Supervision roles with specific reference to Person-Centred if possible.

Finance – financial management and reporting

SECTION 5: Qualifications

Please give details of any relevant **qualifications** you hold

SECTION 6: What interests you about working at Network?

SECTION 7: References

Note: One of the referees will be asked to comment on your walk as a Christian and within the life of the church. Please indicate which of the referees would respond to this question.

(a) Professional reference ONE

Please give the name and address of someone who knows your work professionally and to whom we may write for a reference.

Name: _____

Position: _____

Address: _____

_____ **Post code:** _____

Daytime Telephone No: _____ **Email:** _____

(b) Professional reference TWO

Please give the name and address of someone who knows your work professionally and to whom we may write for a reference.

Name: _____

Position: _____

Address: _____

_____ **Post code:** _____

Daytime Telephone No: _____ **Email:** _____

(c) Personal reference

Please give the name and address of a colleague/friend who knows you and your work well and to whom we may write for a reference.

Name: _____

Address: _____

_____ **Post code:** _____

Daytime Telephone No: _____ Email: _____

SECTION 8: Other supporting information

If there is any further information which you think may be helpful to us in considering your application please type it on a separate sheet headed "Section 7" and send it with your application.

Section 8 attached NO Section 8

SECTION 9: Declaration

I declare that the information I have given on this form is correct. I give my permission for my previous employer(s) and any references given to be contacted.

Consent under the Data Protection Act - the information given to Network Counselling and Training Ltd in this form will be processed only for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be retained in your HR file for such time as you are an employee of NCT and for up to 6 years after the end of your employment. Otherwise this form will only be retained for so long as it is required in connection with your application. By signing this consent you give us your express consent to retain and process all the information contained in this form.

Signature of applicant: _____

Date of application: _____