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| 1. **PERSONAL DETAILS** | |
| **Name:** | **Title:** |
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| **Have you previously used, or do you currently use, any other name(s)? Yes/No**  If yes, please provide details and dates used: | |
| **Address:** | **Profession:** |
|  |  |
| **Telephone Number: (Please include 2 numbers):** |
| Preferred:  Second: |
| **Email Address:** |
|  |
| **People contract with us in a variety of ways, please can you confirm how you would provide your services to us:** | |
| **Sole Trader** | **Name trading as:** |
| **Partnership** | **Name of Partnership:** |
| **Limited Company** | **Company Name:**  **Are you an employee of this limited company? Yes/No**  **Are you an owner of this limited company? Yes/No** |
| **How did you hear about this opportunity?** |  |

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| 1. **EQUALITY, DIVERSITY AND INCLUSION APPLICANT SURVEY**   PACT is committed to promoting equality, diversity and inclusion both as an employer and as a service provider.  It is important that we are able to collect data on the profile of contractor applicants so that we can:   * advance diversity in our organisation * proactively identify any inequalities that we need to address * ensure that all recruitment is free from unfair and unlawful discrimination   The information you provide in this survey will remain confidential, is provided separately to your application, and is used by the HR team for monitoring purposes only.  **Please visit** <https://www.surveymonkey.co.uk/r/5ZJBBTL> **to complete this survey.**  Thank you for playing your part in helping us to deliver our commitment to being an equal opportunities organisation. |

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| 1. **PROFESSIONAL MEMBERSHIP REGISTRATION(S)**   Please list details of your professional membership registration(s) and indicate those that are relevant to your work with PACT and for which you will be providing for us to verify. | | | |
| **Professional Body:** | **Registration Date:** | **Renewal Date:** | **Membership Number:** |
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| 1. **EMPLOYMENT HISTORY (including any periods of unpaid/voluntary work)**   Please give your full employment history, beginning with the most recent.  If there are any gaps in your employment history, please provide details (dates and a description of what you were doing during these times). | | | | |
| **Dates (DD/MM/YY)**  **From To** | **Name and address of employer** | **Telephone and contact name** | **Position held and brief summary of duties (or description of any employment gap)** | **Reason for leaving** |
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| 1. **EDUCATION, TRAINING AND QUALIFICATIONS**   Please provide details of your education and training, starting with Secondary School.  If you have had a break in your education, please provide details (dates and a description of what you were doing during these times).  You will be required to bring proof of qualifications to interview that are relevant to the role. | | | |
| **Dates** | | **School / Academic Institution attended (or description of any education gap)** | **Qualifications obtained**  **(subject, date, grade)** |
| **From**  **MM/YY** | **To**  **MM/YY** |
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| 1. **Other recent training courses which are relevant to this role** | |
| **Training provider and title of course** | **Dates attended and qualification obtained** |
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| 1. **DBS CERTIFICATE** |  |
| **Do you have a current Enhanced Child and Adult Workforce (with Child and Adult Barring List Checks) registered on the DBS Update Service?** | **Yes/No** |
| **If YES: Do you give PACT your consent to view this online on an annual basis?** (If we proceed with your application we will ask you to send us the original certificate to verify). | **Yes/No** |
| **If NO:** PACT will apply for a DBS certificate. We are happy to absorb the cost of the initial DBS but do ask that you register it on the update service online once you receive it. There is a small cost but there are benefits to you for doing this. **If you** **DO NOT** **register it on-line, when the renewal is due we will ask you to pay for it in order to continue working with the PACT.**   * Please see the **appendix in section 20** for details and the benefits of registering. | |

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| 1. **SAFEGUARDING TRAINING**   As a FACTS contractor it is expected that you complete PACT’s local safeguarding board safeguarding training on appointment (details will be sent to you). Safeguarding training will need to be updated within a three-year cycle. |

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| **9. REFERENCES**  **Please complete details for three referees below.**  Please complete details for three referees below, the first should be your Clinical Supervisor and the second your current / most recent employer. **Referees should not be a family member or friend.**  Please note that as part of our Safer Recruitment Policy, we may ask you to provide details of further referees to ensure that your references cover a minimum period of 5 years.  **We will obtain your permission prior to contacting your referees** | |
| **Referee 1 – Clinical Supervisor** | |
| **Name:** | **Referee’s profession:** |
|  |  |
| **Position held:** | **Connection to yourself:** |
|  |  |
| **Organisation Name:** | **How long have you been known to this referee?** |
|  |  |
| **Address:** | **Telephone Number:** |
|  |  |
| **Email Address:** |
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| **Referee 2 - Your current/most recent employer** | |
| **Name:** | **Referee’s profession:** |
|  |  |
| **Position held:** | **Connection to yourself:** |
|  |  |
| **Organisation Name:** | **How long have you been known to this referee?** |
|  |  |
| **Address:** | **Telephone Number:** |
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| **Email Address:** |
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| **Referee 3** | |
| **Name:** | **Referee’s profession:** |
|  |  |
| **Position held:** | **Connection to yourself:** |
|  |  |
| **Organisation Name:** | **How long have you been known to this referee?** |
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| **Address:** | **Telephone Number:** |
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| **Email Address:** |
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| **10. PROFESSIONAL INDEMNITY AND PUBLIC LIABILITY INSURANCE**  In line with Local Authorities, contractors must have a minimum **£1 million cover for Professional Indemnity Insurance** and **£5 million cover for Public Liability Insurance** | | | | | |
| **Name of Provider/s** | **Type of cover** | **Policy Number/s** | **Level of cover (£ Amount)** | **Date Valid from** | **Date Renewal due** |
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| If you work from your own home, does your insurance cover this? **YES / NO / N/A** | | | | | |

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| **11. DATA PROTECTION**  Please note how you ensure your work remains protected and secure |
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| **12. SERVICES YOU CAN OFFER**  All of the support services that FACTS offer are based on our ‘Model of Therapy and Intervention’ developed over time and based on our experience of working with children and families.  We believe that working in an integrative way, placing the trauma central to the intervention and working on the attachment relationship between the child and the parent, provides the long-term successful outcomes that are essential.  Our therapists work with their own specialisms integrated within this model and are trained to work with families using a variety of approaches including (but not exhaustive) counselling, play therapy, Theraplay, DDP and Art and Drama.  **Please indicate with an X in the box which services you can provide:** |

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| i. **Clinical Psychologist’s Assessment** of prospective or approved adopters |  |
| ii. **Clinical Psychologist’s Assessment** of child(ren) |  |
| iii. **Therapeutic Assessment of Needs** – to identify a tailored package of support to meet the individual needs of a family. Can be used to apply to the Adoption Support Fund (ASF) |  |
| iv. **Therapeutic intervention** required for parent(s) only |  |
| v. **Therapeutic intervention** required for child(ren) and parent(s) |  |
| xi. **Training** (please provide more information below) |  |
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| xii. **Other** (Please give details below of any other interventions that you offer that may be relevant to the FACTS Service) |  |
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| **13. HOW YOU WORK** | | | |
| **PSYCHOLOGICAL ASSESSMENTS**  If you are able to undertake psychological assessments, please describe your model of working | | | |
|  | | | |
| Number of hours required with clients |  | Number of hours for report writing |  |
| **ASSESSMENT OF NEEDS**  Please describe below your model of working when undertaking Assessment of Needs with clients | | | |
|  | | | |
| Number of hours with clients: |  | Number of hours for report/work plan: |  |
| **THERAPEUTIC WORK WITH CHILDREN AND FAMILIES**  Please describe below your therapeutic model when working with children and families | | | |
|  | | | |
| Min number of hours required with client: |  | Max number of hours with client: |  |
| Number of hours for interim reports: |  | Number of hours for final reports: |  |

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| **14. WHERE YOU WORK**  Please indicate the geographical areas below that you cover and how far you are willing to travel: | |
| **Areas Covered:** |  |
| **Willing to travel (miles):** |  |
| **Would you ever see clients in person in your own home?** |  |
| **Would you be happy to see clients in their own home?** |  |
| **If applicable – Address of your own / rented premises** |  |
| **Other locations that you may see clients (and the reasons for this)** |  |
| **Please share any additional information or comments you may have regarding the way you work** |  |

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| **15. FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION**  Please use the space below to demonstrate how your knowledge, skills and experience support your application to the role. Please include details on your level of experience in working with adoptive children / families.  You should also outline your reasons for applying. |
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| **16. DOCUMENT CHECKLIST**  If we proceed with your application we will require the following information before offering you contract work |
| * **Professional qualification certificates** (originals must be seen) |
| * **Professional membership registration documents** |
| * **DBS Certificate if registered online or the completion of a DBS check with PACT (And overseas police check if applicable)**   (If processing a new DBS we will send you the details and will ask you to provide three pieces of original and valid ID) |
|
| * **Evidence of your right to work in the UK** (please ask if you are unsure) |
| * **Safeguarding, CSE and Prevent training certificates** (we will send you links to free online courses) |
| * **Signed PACT safeguarding, confidentiality, and data protection policies** (these will be sent to you) |
| * **Professional Indemnity and public liability insurance document/s** |
| * **A copy of your driving license, and car insurance covering you for business use (if applicable)** |
| * **Emergency contact details and New Supplier forms** (will be sent to you) |
| * **Headshot photo for your file** (electronic copy can be sent) |

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| **17. DATA PROTECTION:**  The information provided on this application form and obtained from relevant sources will be used in PACT’s recruitment and appointment processes and will be treated as confidential. By signing this application form you understand that the information provided will be retained in a secure and confidential manner and agree to the processing of sensitive personal data in accordance with the UK General Data Protection Regulation (UK GDPR).  **18. SIGNATURE DECLARATION:**  I have completed this application form accurately and truthfully. I have not withheld any information that could be considered relevant to my application. I understand that any appointment, if offered, will be subject to information given on this application form being correct.  I understand that providing any false information shall disqualify me from the recruitment process, or if discovered after commencing contract work, may lead to disciplinary action; up to and including termination of contract.  **Signed:**  **Full Name: Date:**  Have you completed the PACT equality, diversity and inclusion applicant survey? **Yes/No** |

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| **Please return your completed application form to the HR team at PACT\_HR@pactcharity.org**  Alternatively, post your application to HR Team, Parents And Children Together, 7 Southern Court, South Street, Reading, Berkshire RG1 4QS.  **Anyone joining our team is subject to PACT’s safer recruitment pre-appointment enquiries. These enquiries include providing documentation to evidence the right to work in the UK, a Disclosure Barring Service (DBS) check, overseas police check (if applicable), references covering at least 5 years, a complete previous education and employment history timeline and the completion of mandatory safeguarding training. This post is based in the UK.** |

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| **19. APPENDIX – DBS Update Service**   * **You can register your DBS on the update service online** **once you have received your certificate** * **We strongly recommend that you register it online at soon as you receive it** – you have up to 30 days to register online from the date the certificate is issued, but after that time has passed the opportunity expires   **Completing the DBS online registration**   * Please visit <https://www.gov.uk/dbs-update-service>   **The cost and benefits**   * It costs £13 per year and you can pay by debit or credit card * This service reduces the need to apply for multiple certificates if you move from one organisation to another (or if you work for multiple organisations) or when a re-check is required * You can give organisations permission to check your certificate online and you can see who has checked it * You can add or remove a certificate * To continue working with PACT, you will save the cost of a new DBS (currently £44.80) when this one needs to be renewed (every 3 years) |