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| **PERSONAL DETAILS** |
| **Title:** |  |
| **Family Name** |  |
| **First Name** |  |
| **Address:** |  |
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| **Postcode:** |  |
| **Telephone:**  | **Home :** |  |
| **Mobile:**  |  |
| **Email Address:** |  |

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| **TRIPLE P ACCREDITATION** |
| **Please indicate which Triple P programmes you are accredited to deliver and the date on which you obtained your accreditation** |
| **Level** | **Triple P Course** | **Tick** | **Date of accreditation** |
| 2 | Selected Seminars Triple P |  |  |
| 2 | Selected Seminars Teen Triple P |  |  |
| 2 | Brief Primary Care Triple P |  |  |
| 2 | Brief Primary Care Teen Triple P |  |  |
| 3 | Primary Care Triple P |  |  |
| 3 | Primary Care Teen Triple P |  |  |
| 3 | Primary Stepping Stones Triple P |  |  |
| 3 | Triple P Discussion Groups |  |  |
| 4 | Group Triple P |  |  |
| 4 | Group Teen Triple P |  |  |
| 4 | Group Stepping Stones Triple P |  |  |
| 4 | Standard Teen Triple P |  |  |
| 4 | Standard Stepping Stones Triple P |  |  |
| 5 | Enhanced Triple P |  |  |
| 5 | Pathways Triple P |  |  |
| 5 | Group Lifestyle Triple P |  |  |
| 5 | Family Transitions Triple P |  |  |

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| **OTHER EDUCATIONAL & PROFESSIONAL QUALIFICATIONS** |
| **Subject / qualification** | **Place of study** | **Grade / result** | **Year obtained** |
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| **RELEVANT TRAINING COURSES ATTENDED** |
| **Course title** | **Training Provider** | **Duration** | **Year completed** |
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| **WORK HISTORY** |
| Please record below, your full work history, beginning with your current or most recent place of work |
| **Current / most recent organisation** |
| Organisation name |  |
| Type of business |  |
| Telephone |  |
| Your job/role title |  |
| Start date |  |
| End date |  |
| Reason for leaving (unless still current) |  |
| Brief description of your duties and responsibilities |
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| **Previous organisation** |
| Organisation name |  |
| Type of business |  |
| Telephone |  |
| Your job/role title |  |
| Start date |  |
| End date |  |
| Reason for leaving |  |
| Brief description of your duties and responsibilities |
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| **Previous organisation** |
| Organisation name |  |
| Type of business |  |
| Telephone |  |
| Your job/role title |  |
| Start date |  |
| End date |  |
| Reason for leaving |  |
| Brief description of your duties and responsibilities |
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| **To add more previous places of work, copy and paste the table above** |

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| **REFEREES** |
| Please provide the names and full contact details of the people who have agreed to supply references. References must include at least two positions with separate organisations and, as a minimum, cover a period of three years’ work history and/or training history, where this is possible.Referees will be required to comment on your competence, personal qualities and suitability for the role. If you have not worked in an organisation for a considerable period of time but have done so at some point in the past, then you should seek one reference from someone senior at your last organisation and a personal reference from a person of standing within your community such as a doctor, solicitor or MP. Where it is genuinely not possible to obtain references from any of the sources outlined above, you must provide contact details of two personal acquaintances who would be willing to give a reference. Personal acquaintances must not be related to you, or have any financial arrangement with you. |

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| **Referee 1** |
| Name of referee |  |
| Name of organisation |  |
| Address |  |
| Telephone number |  |
| Email address |  |

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| **Referee 2** |
| Name of referee |  |
| Name of organisation |  |
| Address |  |
| Telephone number |  |
| Email address |  |

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| **SUPPORTING INFORMATION** |
| In this section you need to demonstrate that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this particular role, if this has not been fully covered in the previous sections.Please include your reasons for applying and take the opportunity to highlight your particular talents and strengths, (what you feel you can personally offer - what is unique to you - what sets you apart from your peers).Please DO NOT include personal details or duplicate information already provided elsewhere in your application. |
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| **YOUR AVAILABILITY** |
| **Please tick your preferred days and times to deliver courses** |
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| Monday | morning | □ |
| Monday | afternoon | □ |
| Monday | evening | □ |
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| Tuesday | morning | □ |
| Tuesday | afternoon | □ |
| Tuesday | evening | □ |
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| Wednesday | morning | □ |
| Wednesday | afternoon | □ |
| Wednesday | evening | □ |
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| Thursday | morning | □ |
| Thursday | afternoon | □ |
| Thursday | evening | □ |
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| Friday | morning | □ |
| Friday | afternoon | □ |
| Friday | evening | □ |
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| Saturday | morning | □ |
| Saturday | afternoon | □ |
| Saturday | evening | □ |

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| **Are you interested in delivering other relevant courses that Brilliant Women might want to deliver?** *If so, please list:* |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| **Signature** |  |
| **Date** |  |