

The West of England MS Therapy Centre

reg charity no: 801155

a part of

Bradbury House, Wheatfield Drive

Bradley Stoke, Bristol, BS32 9DB

hello@thebrightwell.org.uk

01454 201 686

a partnership of

**Job Title: Physiotherapist**

*Please complete all sections of the application form. If more space is required please attach additional sheets. The completed application form can be sent by e-mail or by post to:*

|  |  |
| --- | --- |
| Post to:  The West of England  MS Therapy Centre  Bradbury House Clinic  Wheatfield Drive  Bradley Stoke  Bristol BS32 9DB | E-mail to:  [Amrik.sidhu@thebrightwell.org.uk](mailto:Amrik.sidhu@thebrightwell.org.uk) and [doro.pasantes@thebrightwell.org.uk](mailto:doro.pasantes@thebrightwell.org.uk) |

1. **Personal Details**

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Last Name: |  |
| Address: |  |
| Postcode: |  |
| Daytime tel. no: |  |
| Home tel. no: |  |
| E-mail address: |  |

Please circle/highlight your preferred form of contact:

**Telephone / E-mail / Post**

1. **Professional Qualification**

|  |  |
| --- | --- |
| ***Please list your professional qualifications held*** | |
| **Qualification 1**: |  |
| Year of Qualification: |  |
| Institution providing professional qualification: |  |
| **Qualification 2**: |  |
| Year of Qualification: |  |
| Institution providing professional qualification: |  |
| **Qualification 3**: |  |
| Year of Qualification: |  |
| Institution providing professional qualification: |  |

1. **Registrations**

|  |  |
| --- | --- |
| ***Are you registered with any professional bodies? Please list body and provide registration details.*** | |
| Professional Body:  Registration Number:  Date of Registration Expiry: |  |
| Professional Body:  Registration Number:  Date of Registration Expiry: |  |
| Professional Body:  Registration Number:  Date of Registration Expiry: |  |

1. **Employment History**

|  |  |
| --- | --- |
| ***Starting with your most recent/current employer please give details of all previous work experience history, including job title and a brief description of duties. Please account for any gaps in employment:***  *Please continue on a separate sheet if necessary.* | |
| Current /most recent employer: |  |
| Position held: |  |
| Start Date:  End Date:  Final Salary: |  |
| Current /most recent role description: |  |
| What makes you the ideal candidate for this role? |  |
| Previous job 1:  Employer/Job Title and Role |  |
| Start Date:  End Date: |  |
| Previous job 2:  Employer/Job Title and Role |  |
| Start Date:  End Date: |  |
| Previous job 3:  Employer/Job Title and Role |  |
| Start Date:  End Date: |  |

1. **Relevant Experience**

|  |
| --- |
| *Please list all relevant work experience.* |
|  |

**6. Additional Information**

|  |
| --- |
| Please add any additional information in support of your application. |
| **Are you able to reliably commute to the Centre? YES / NO**  **Please indicate what other skills including IT, you have experience of and to what level:**  . |
| **Where did you see the advertisement for this post?** |
|  |

**Please give details of any holiday commitments or dates you would not be available for an interview:**

|  |
| --- |
|  |

**7. Disclosure Barring Service Check**

Our organisation undertakes criminal records checks for some posts. An Enhanced DBS check is primarily used for clinical / therapy positions and a Standard DBS is required for some non-clinical/administrative positions, depending on the remit of their role.

**An Enhanced DBS check is required for this position.**

|  |
| --- |
| **In the event that you are offered the post, do you agree to undergo an enhanced DBS check?**  **YES / NO** |

**8. References**

|  |  |
| --- | --- |
| **Your referees should represent your present or most recent employer and a previous employer. Within this framework, you should give details of the person(s) most able to confirm your suitability for the post for which you are applying, and you need to provide at least two references who you have known for no less than two years, excluding family members. This may require that you provide the details of more than two referees.** | |
| 1st Reference: | **Name:**  **Relationship to you:**  **Company:**  **Email:**  **Telephone:**  **Address:**  May we contact them prior to interview?  **YES / NO** |
| 2nd Reference: | **Name:**  **Relationship to you:**  **Company:**  **Email:**  **Telephone:**  **Address:**  May we contact them prior to interview? **YES / NO** |

**9. Declaration**

**I confirm that the information provided on this application form is true and correct. I understand that deliberately giving false or incomplete answers would disqualify me from consideration or, in the event of my appointment, make me liable to dismissal without notice.**

**Signed: Date:**

*(If you are returning this form electronically and unsigned you will be bound by the declaration when we receive the electronic application)*