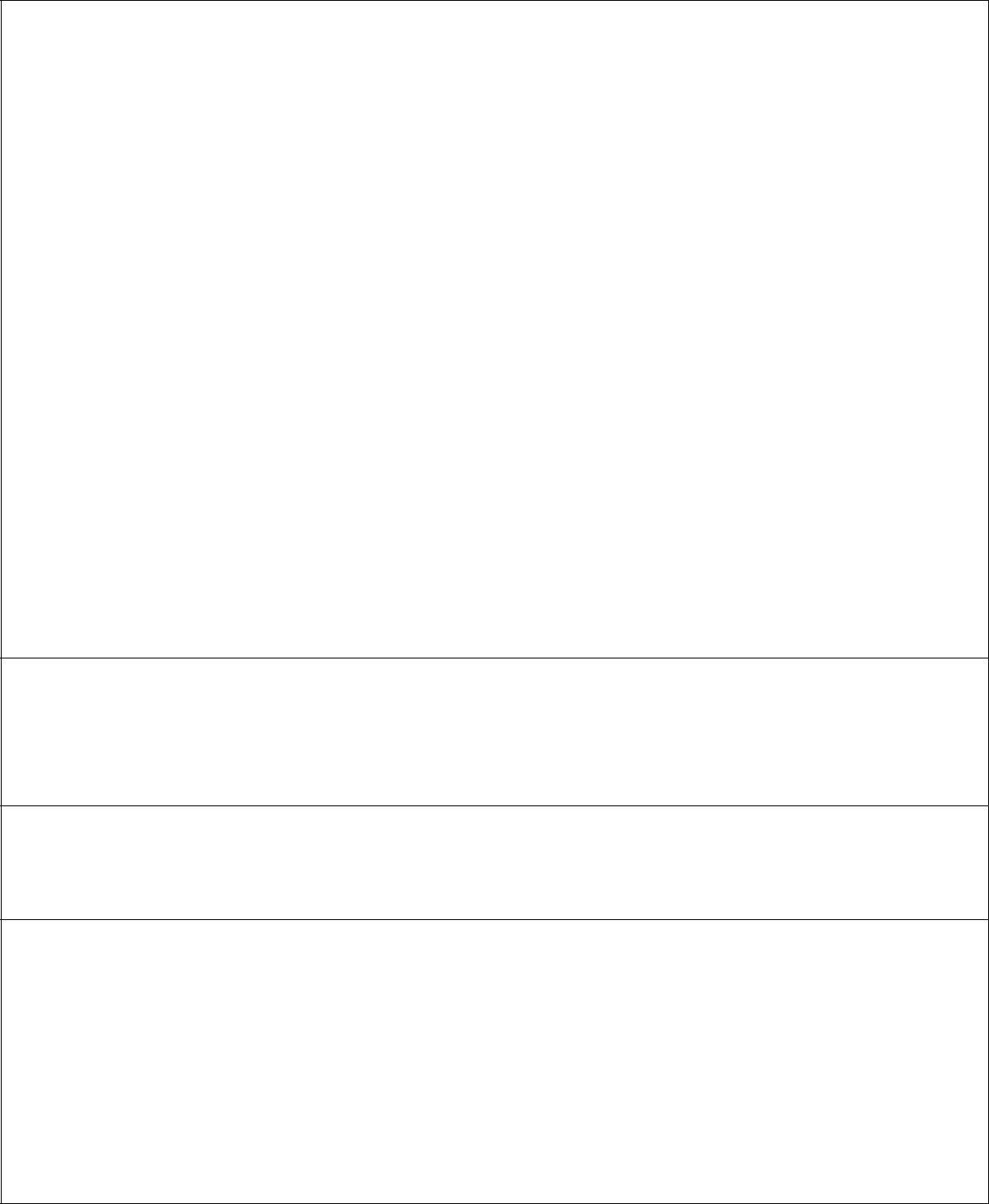


Broomwood Community Wellbeing Centre  
Mainwood Road  
Timperley  
WA15 7JU

**Talking Therapy Trainee Application Form**

**Name:**

****

|  |  |
| --- | --- |
| **Date (today):** | **DoB:** |
|  |  |
| **Gender:** | **Ethnicity:** |
|  |  |
| **Address (including postcode):** |  |
|  |  |
| **Telephone:** | **Mobile:** |
|  |  |
| **Email:** |  |
|  |  |
| **Please attach your CV** |  |
|  |  |
| **Name of University / Higher Education** |  |

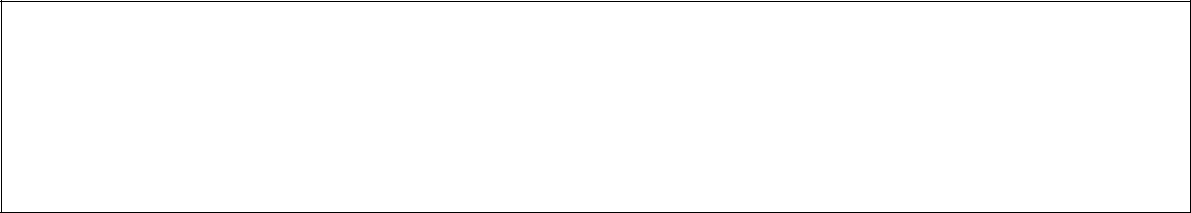
**Name of Course**

**Proposed Placement start date**

**Number of Client hours required?**

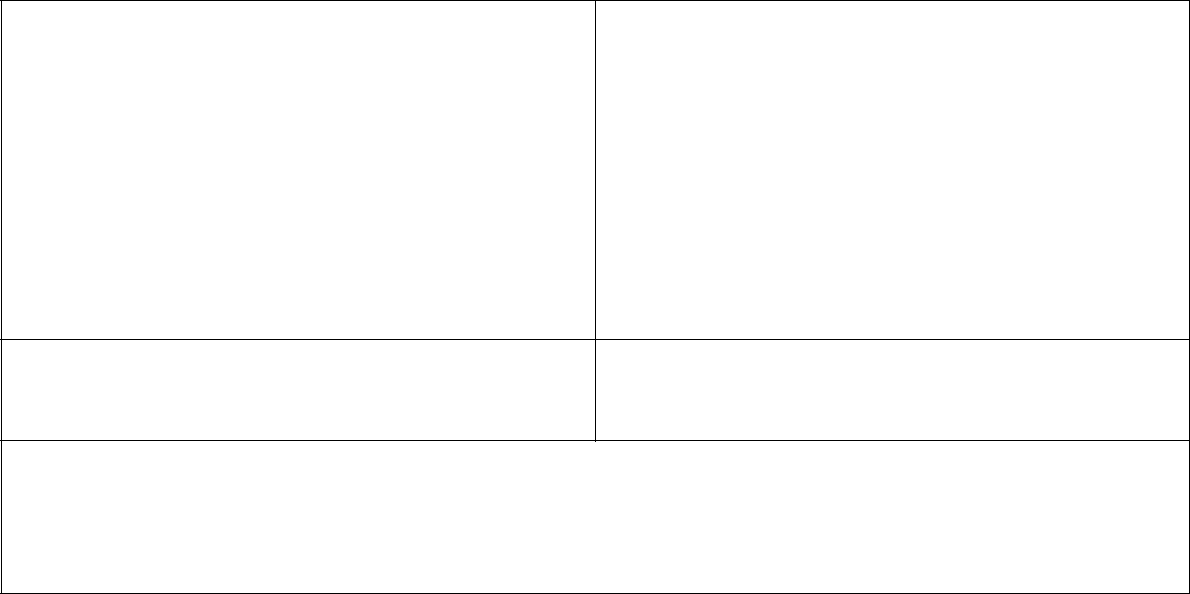
**What is your availability please indicate below:**

|  |  |  |
| --- | --- | --- |
| **Monday** | AM: | PM: |
| **Tuesday** | AM: | PM: |
| **Wednesday** | AM: | PM: |
| **Thursday** | AM: | PM: |
| **Friday** | AM: | PM: |
| **Saturday** | AM: | PM |
| **Other:** |  |  |



**In order to commence Placement at Bluesci you will need to provide the following:**

* Current DBS
* Professional Indemnity Insurance Certificate
* Contact details of your Clinical Supervisor
* Placement Document from your University to be completed by the Placement



|  |  |
| --- | --- |
| **Name of Link Tutor:** | **Name Clinical Supervisor:** |
|  |  |
| **Contact address** | **Contact address** |
|  |  |
| **Phone:** | **Phone:** |

|  |  |
| --- | --- |
| **Email address:** | **Email address:** |

**DECLARATION: The above statements are true and correct**

**Signed:** **Date:**

**Please return the completed form along with your CV to:**

*email:*  [*enquiries@bluesci.org.uk*](mailto:enquiries@bluesci.org.uk)

Clearlymarked in Subject**: TRAINEE PLACEMENT**

Mobile: 07884268941