**Application form to become a Birthrights trainer**

Please complete the form electronically, expand the spaces accordingly and include an electronic signature/ or print, sign and scan to submit.

1. **Personal information**

|  |  |  |
| --- | --- | --- |
| Title: | First name:  | Last name: |
| Address | Daytime telephone number: E-mail:  |

1. **Education and training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Schools/college/university attended: | Qualifications attained: | From: | To: | Results: |
|   |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Professional training / qualifications and any other courses relevant to this post: | From: | To: | Level: |
|   |   |   |   |

1. **Employment history**

Current or most recent employment

|  |  |  |
| --- | --- | --- |
| Employer’s name and address: | Dates: | Position held and duties: |
|   |   |  . |

Previous employment

|  |  |  |  |
| --- | --- | --- | --- |
| Employer’s name and address: | Dates: | Position held and duties: | Reason for leaving: |
|   |   |   |   |

1. **Suitability for the role**

Have you attended a Birthrights training session as a participant Yes [ ]  No [ ]

I am applying to be a (please select one):

Legal Trainer [ ]

Healthcare Professional Trainer [ ]

|  |
| --- |
| **Please outline in no more than 700 words your suitability for the role of a Birthrights trainer, specifically how your skills and experience match the criteria outlined in the role description.** |
|  |

1. **Additional information**

Do you require a permit or visa to work in the UK? Yes [ ]  No [ ]

If yes, please provide details:

|  |
| --- |
|  |

Have you ever been convicted of a criminal offence? Yes [ ]  No [ ]

(Declaration subject to the Rehabilitation of Offenders Act)

1. **References**

Please provide details of one referee below. It should be your most recent employer or someone who knows you in either a professional or voluntary capacity. They should not be related to you.

|  |
| --- |
| Name:  |
| Address:  |
| Telephone number:  |
| Email:  |
| Relationship:  |

1. **Declaration**

Please sign the declaration below certifying that all information provided is accurate. Providing incorrect information or deliberately concealing relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

I declare the information on this form is correct and I have omitted nothing that, to the best of my knowledge, might affect this application.

|  |  |
| --- | --- |
| Signature:   | Date:  |

1. **Submitting your application**

Please e-mail your completed application form to Info@birthrights.org.uk

The deadline for applications is 9th November.

Should you have any further queries about this position, please email info@birthrights.org.uk