

**RECEPTIONIST APPLICATION FORM**

**PERSONAL DETAILS**

**Title: \_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QUALIFICATIONS (most recent first)**

**Please state your qualifications, including any you are working towards:**

**Qualification name Awarding body Training institution Date**

**EMPLOYMENT HISTORY**

**Please list your employments starting with the most recent**

**Organisation Job Title Date**

**We’re interested to know a little about why you would like to join our team at The Well**

**Which days/evenings would suit you? Our receptionists usually offer 2 to 3 hours at a time.**

**FAITH AND SPIRITUALITY**

**The Well Counselling is a Christian organisation supported by Churches Together in Malvern. We work in accordance with the BACP and ACC codes of ethics and practice.**

**Do you feel able to volunteer within the Christian ethos of the Lyttleton Well? Yes/No**

**Please explain the reason you have reached this decision.**

Please feel free to add additional pages to any of these sections if you wish.

**ADDITIONAL INFORMATION (Optional)**

**You can use this section to tell us anything else you would like us to know about yourself**

**REFERENCES**

**Please give contact details for 2 referees, who have known you in a professional capacity.**

**REFEREE 1: Title............. First name ....................................... Surname .............................................**

**Relationship to you ...................................................................................................................................**

**Address......................................................................................................................................................**

**Phone: ...................................... Mobile:............................... Email: ......................................................**

**REFEREE 2: Title ............ First name ....................................... Surname .............................................**

**Relationship to you ..................................................................................................................................**

**Address......................................................................................................................................................**

**Phone: ...................................... Mobile: ............................... Email: ..................................................**

**Please return to: Head of Counselling, The Well Counselling Service,**

The Lyttelton Well, Church Street, Great Malvern, Worcs. WR14 2AY. Phone: 01684 563456

Or

Email to: info@thewellcounselling.co.uk

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