

**INTERNATIONAL HOLISTIC THERAPISTS UNITED**



**TUTOR APPLICATION**

**BASIC DETAILS**

<b>Title:</b>	<b>First name(s):</b>	<b>Surname:</b>	
<b>Address:</b>			
Town:			
County:		Postcode:	
<b>Telephone (daytime):</b>		<b>Telephone (evening):</b>	
		<b>Mobile (evening):</b>	
<b>Nationality:</b>		<b>Email address:</b>	
<b>National Insurance number:</b>			
<b>Do you have a car which you are prepared to use for work?</b>			
Employment History	Please give details of your employment to date, including teaching experience, part-time and voluntary work, in chronological order, starting with the most recent.		
Employer	Job Title/Subject Taught	Date (from – to)	Reason for Leaving

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### TEACHER QUALIFICATIONS / STATUS

Please complete this section if you hold a post 2007 teaching qualification

Teaching Qualification	Please state level	Date Awarded
PTLLS		
CTLLS		
DTLLS		

IFL registration number and Status: \_\_\_\_\_

Please complete details of legacy qualification held by indicating below the qualification(s) you hold and the date you achieved them.

Other Teaching/Training Qualification(s) (please give details and state level)

**SKILLS FOR LIFE / ESOL SPECIALIST QUALIFICATIONS** Please complete your relevant Skills for Life / ESOL qualifications below by ticking the highest level qualification and date achieved.

Subject Area	Highest Level	Qualification Title / Awarding Body	Date Awarded
<input type="checkbox"/> Literacy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
<input type="checkbox"/> Numeracy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
<input type="checkbox"/> ESOL	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
<input type="checkbox"/> Other Skills for Life/ESOL Qualification(s) (Please give details including level)			

### WORKING WITH LEARNERS WITH DISABILITIES AND / OR LEARNING DIFFICULTIES (LDD)

Are you trained to teach students with learning difficulties and/or disabilities?  Yes

If yes, please give details:

*Wiling to learn to teach people with disabilities*

### ASSESSOR / VERIFIER AWARDS (Please tick and insert date awarded)

<input type="checkbox"/> A1 (D32)		<input type="checkbox"/> V1 (D34)	
<input type="checkbox"/> A2 (D33)		<input type="checkbox"/> V2 (D35)	

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## HOLISTIC QUALIFICATIONS / STATUS

Subject Area	Highest Level	Qualification Title / Awarding Body / Web site	Date Awarded	Years Practicing & teaching experience
<input type="checkbox"/> Body Massage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Anatomy & Physiology	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Health & Safety	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Reflexology	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Indian Head Massage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Thermal Auricular Therapy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Thai Foot Massage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> ..... Face Massage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> ..... Hand Massage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Thai Massage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Thai Herbal Compress	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Thai Aroma	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Other .....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Other .....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -
<input type="checkbox"/> Other .....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 day course			Practicing - Teaching -

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## PARTICULAR EXTRA COURSES YOU COULD OFFER THE IHTU

Please give title and brief description of any particular courses achieved, you feel you could offer the IHTU.

## FURTHER DETAILS

Please tell us about any additional teaching experience (stating whether this is with adults), any additional qualifications or membership of professional organisations and any experience with the holistic industry or voluntary organisations.

## SUPPORTING STATEMENT

Please write a supporting statement outlining your suitability to teach for the IHTU and showing how you meet the requirements of the tutor job description, continuing on a separate sheet if necessary.

**Please attach with this Form, a copy of all relevant certificates, insurance and memberships.**

## REFERENCES

Please provide in full, the name address and telephone number of two referees (one of which should be your present or most recent employer). Please indicate if you do not wish a referee to be contacted and explain why (e.g. current employer). References may be requested for successful applicants.

<b>Referee 1</b>	<input type="checkbox"/> Do not contact because:	<b>Referee 2</b>	<input type="checkbox"/> Do not contact because:
Title & Name		Title & Name	
Position		Position	
Address		Address	
Tel		Tel	
Email		Email	

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## EQUALITIES STATEMENT

The Management of IHTU recognises that people are discriminated against and will make every effort to ensure there is no unreasonable exclusion of any individual from employment opportunities.

## CRIMINAL RECORDS BUREAU (CRB) DISCLOSURE & CONVICTIONS

As a tutor for the IHTU you may be required to complete a CRB Disclosure Statement. This may be a condition of your employment in some circumstances.

Have you ever been convicted of a criminal offence (other than a spent conviction under the terms of the Rehabilitation of Offenders Act 1974)? If yes, give details

## DATA PROTECTION

Details you have provided will be entered onto our database, which is registered under the Data Protection Act.

## EMPLOYMENT LEGISLATION

Under the provisions of the Asylum and Immigration Act of 1996, you are required to provide proof of your eligibility to work in the United Kingdom. Proof must consist of a passport and/or documentation from the Home Office/Inland Revenue

You are required to provide original documents at the time of interview as we are not allowed to accept photocopies. Photocopies will be taken by the IHTU for record purposes and all information will be treated in strictest confidence.

## SIGNATURE

By signing this application form below you are confirming that all details contained within the application are correct and agreeing that, if you are invited to interview, you will bring the required documents with you. If you do not comply with the Employment Legislation requirements above we will be unable to offer you employment with the WEA.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For Regional Office use only		
Date form received	Interview date	Interview letter sent
Identity Documents verified	By whom	Interview form received
References applied for	References received	CRB: Disclosure required
CRB: Check received	References received	

## EQUAL OPPORTUNITIES MONITORING

The following information is requested to enable us to action Equality & Diversity measures. This form will be separated from your application on receipt.

<b>Date of birth</b>							
<b>Gender</b>		MALE			FEMALE		
<b>Ethnicity</b>							
<input type="checkbox"/>	Asian or Asian British – Bangladeshi			<input type="checkbox"/>	Mixed – White and Asian		
<input type="checkbox"/>	Asian or Asian British – Indian			<input type="checkbox"/>	Mixed – White and Black African		
<input type="checkbox"/>	Asian or Asian British – Pakistani			<input type="checkbox"/>	Mixed – White and Black Caribbean		
<input type="checkbox"/>	Asian or Asian British – any other Asian Background			<input type="checkbox"/>	Mixed – any other mixed background		
<input type="checkbox"/>	Black or Black British – African			<input type="checkbox"/>	White – British		
<input type="checkbox"/>	Black or Black British – Caribbean			<input type="checkbox"/>	White – Irish		
<input type="checkbox"/>	Black or Black British – any other Black background			<input type="checkbox"/>	White – any other White background		
<input type="checkbox"/>	Chinese			<input type="checkbox"/>	Any other		
Do you consider yourself to have any learning difficulties/disabilities?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you consider yourself to have any physical difficulties/disabilities?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please tell us if there are any special requirements we should know about and, if necessary, make reasonable adjustments for							