

# Educare for Exceptional Children

## Consultant Application Form

ALL INFORMATION WILL BE TREATED IN CONFIDENCE

If you are completing this form by hand, please use **black** ink.

**Ensure you submit the requisite number of CV's with your completed application.**

Please read the guidance notes on the last page of this form before completing.

**NAME:**

**TITLE:**

**Post Title:**

**SELF EMPLOYED/INDEPENDENT CONSULTANT:**  YES  NO

**INCORPORATED**  YES

NO

TITLE: \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
NAME OF CONSULTING COMPANY:

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP  
CODE: \_\_\_\_\_

BUSINESS TELEPHONE #: ( ) \_\_\_\_\_ CELLULAR TELEPHONE #: ( )  
\_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Do you want to apply for this post as a job-sharer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If <b>YES</b> , do you have a job-share partner?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

NAME OF PARTNER/ASSOCIATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_

NAME OF PARTNER/ASSOCIATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_

Are you related to a member of the UCL Hospitals Foundation Trust Board, or a senior member of staff?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If <b>YES</b> , please state the relationship:				
Failure to disclose any relationship could lead to disqualification for this job.				

Do you have a disability?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Do you require any assistance, or have any special requirements at interview?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If <b>YES</b> , please provide the brief details:	
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If you answered yes and are invited to attend interview, you will be contacted to discuss your needs

**PLEASE LIST AN EMERGENCY CONTACT**

NAME (FIRST & LAST):

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: (     ) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**CONSULTING EXPERIENCE**

**HOW LONG HAVE YOU BEEN A CONSULTANT? (CHECK ONE)**

- < 2 Years     2-4 Years     5-9 Years     10-15 Years     > 15 Years

**DEMOGRAPHIC INFORMATION: (CHECK APPROPRIATE BOXES)**

THIS INFORMATION IS COLLECTED FOR STATISTICAL PURPOSES ONLY. SELECTION OF CONSULTANTS IS BASED ON EDUCATIONAL QUALIFICATIONS, EXPERTISE, AVAILABILITY, CULTURAL COMPETENCY, WILLINGNESS TO TRAVEL, FEE, AND THE CLIENT'S/ORGANIZATION'S WILLINGNESS TO ACCEPT YOUR CONSULTANT SERVICES.

GENDER:     Male     Female     Transgender

ETHNICITY:     African American     Latino/a     Caucasian     Asian/Pacific Islander

Native American     Other (please specify) \_\_\_\_\_

AGE:     20-25     26-35     36-45     46-55     55+

**EDUCATIONAL BACKGROUND/SPECIALTY: (CHECK ALL THAT APPLY AND FILL IN THE APPROPRIATE BOXES)**

	SPECIALIZATION/CONCENTRATION	COLLEGE(S)/UNIVERSITY(S) ATTENDED	YEAR GRADUATED
<input type="checkbox"/> Bachelor's			
<input type="checkbox"/> Master's			
<input type="checkbox"/> PHD or Equivalent			
<input type="checkbox"/> Other Certification			

**IDENTIFY GEOGRAPHICAL AREA AVAILABLE TO WORK IN AND TRAVEL TO;**

All Regions       Eastern Region       Southern Region       Central Region       Western Region

- Eastern Region: CT, DC, DE, MA, MD ME, NH, NJ, NY, PA, PR, RI, VA, WV, VT, and US Virgin Islands.
- Southern Region: AL, AR, FL, GA, KY, LA, MS, NC, NM, OK, SC, TN and TX.
- Central Region: CO, IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, UT, WI and WY.
- Western Region: AK, AZ, CA, HI, ID, NV, OR, WA, and Pacific Basin: American Samoa, Federated States of Micronesia, Guam, Mariana Islands, the Republic of the Marshall Islands and the Republic of Palau.

**ARE YOU WILLING TO TRAVEL OUTSIDE OF YOUR STATE OF RESIDENCE?**       YES       NO

**IF YES, WHAT LENGTH OF TIME?**       1 – 2 nights       3 – 5 nights       6 nights or more

**DO YOU HAVE ANY EXPERIENCE WORKING WITH THE FOLLOWING POPULATION?**

(CHECK ALL THAT APPLY)

Latinos       African Americans       Caucasians       Asian & Pacific Islanders

Native Americans       Older Adults       Rural Organizations

Substance Users       Other (please specify) \_\_\_\_\_

**DO YOU? (CHECK APPROPRIATE BOXES):**

- SPEAK:**    ENGLISH       SPANISH     OTHER \_\_\_\_\_
- READ:**     ENGLISH       SPANISH     OTHER \_\_\_\_\_
- WRITE:**    ENGLISH       SPANISH     OTHER \_\_\_\_\_

Translation: Please list each language for which you have experience translating and year(s) of experience you have with each \_\_\_\_\_ language:

\_\_\_\_\_

**AREA OF EXPERTISE AND YEARS OF EXPERIENCE: PLEASE CHECK ALL THAT APPLY AND LIST NUMBER OF YEARS OF EXPERIENCE IN THE IDENTIFIED AREAS OF EXPERTISE.**

**A: Organizational Infrastructure Development:**

# of Years	# of Years	# of Years
<input type="checkbox"/> Board Development	_____	
<input type="checkbox"/> Fund Development	_____	
<input type="checkbox"/> Staff Development	_____	
<input type="checkbox"/> Conflict Resolution	_____	
<input type="checkbox"/> Grant Writing	_____	
<input type="checkbox"/> Strategic Planning	_____	
<input type="checkbox"/> Evaluation & Quality Assurance	_____	
<input type="checkbox"/> Team Building	_____	
<input type="checkbox"/> Executive Coaching	_____	
<input type="checkbox"/> Leadership Development	_____	
<input type="checkbox"/> Technology Development	_____	
<input type="checkbox"/> Educational Leadership	_____	
<input type="checkbox"/> Special education teaching	_____	
<input type="checkbox"/> Fiscal Management	_____	
<input type="checkbox"/> Needs Assessments	_____	
<input type="checkbox"/> Human Resources	_____	
<input type="checkbox"/> General Organization Development	_____	
<input type="checkbox"/> Cultural & Linguistic Competence	_____	
<input type="checkbox"/> Other: _____	_____	

**B. Evidence Based Interventions and Support Skills Area:**

# of Years	# of Years	# of Years
<input type="checkbox"/> Motivational Interviewing	_____	
<input type="checkbox"/> Recruitment and Retention	_____	
<input type="checkbox"/> Group Facilitation	_____	
<input type="checkbox"/> Social Network Strategy	_____	
<input type="checkbox"/> Social Media Marketing	_____	
<input type="checkbox"/> Other _____		

**C. Other Areas of Expertise:**

# of Years	# of Years	# of Years
<input type="checkbox"/> Violence Prevention	_____	
<input type="checkbox"/> Peer Mentoring	_____	
<input type="checkbox"/> At-Risk Youth	_____	
<input type="checkbox"/> Community Youth Services	_____	
<input type="checkbox"/> Youth Leadership	_____	
<input type="checkbox"/> Child Abuse & Prevention	_____	
Other: _____		

Questionnaire (please briefly answer the questions below):

*The questions comprising this pre-screening assessment are designed to gauge your skills, abilities, and expertise as a consultant. Briefly answer each of the following questions. If necessary, you may attach additional documents or pages. Your individual responses will be kept confidential.*

1. How did you hear about Educare for Exceptional Children, LLC?  
(For example, website posting, newspaper article, friend, Educare for Exceptional Children, LLC Staff, etc.)
2. Please describe your experience with providing capacity educational consulting, professional development, publishing and research.
3. As an EFEC consultant, what would you say are your PRIMARY areas of expertise?

4. What is your experience working in the following areas: (Should you not have experience in a specific area, please indicate "not applicable".)

- Autistic children
  
- Other special Need children
  
- Gifted Children
  
- Educational Leadership

5. Please state your fee range.

6. Are you computer and Internet literate? Are you familiar with PowerPoint? If required, would you be able to create a PowerPoint presentation on an assigned topic?

**EQUAL OPPORTUNITIES IN EMPLOYMENT CRIMINAL CONVICTION DECLARATION  
(CONTINUED)**

I understand and have been provided with the Equal Opportunities in Employment Act in connection with this application. I am confirming that I have no felony charges at the time of this application. I confirm that the information I have provided in this application form (including the Criminal Conviction Declaration section) is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution. I consent to the information I have provided being processed in accordance to the provisions of the 1998 Data Protection Act.

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

If completing this form electronically you are not required to sign the form. Submission of this form to Educare for Exceptional Children via email will constitute acceptance of the above declaration.

## EQUAL OPPORTUNITIES AND DATA PROTECTION POLICY

Educare For Exceptional Children, LLC aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation, age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared.

### **Criminal Record Declaration**

Prior to making a final decision concerning your application, we shall discuss with you any criminal conviction information declared by you that we believe has a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event, you remain free to discuss any of that information or any other matter that you wish to raise. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

### **Data Protection Act 1998**

The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The Data Protection Act 1998 defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, commission or alleged commission of offences and any proceedings for any offence committed or alleged to have been committed.

The information that you provide in the EFEC application form will be processed in accordance with the Data Protection Act 1998 and may be used for the purpose of enquires in relation to the prevention and detection of fraud. Once a decision has been made concerning your appointment, for successful applicants application data will be retained on their personal file, if unsuccessful, the data will be destroyed after 6 months. Application data will be kept securely and in confidence, and access to it will be restricted to designated persons within the Trust who are authorized to view it as a necessary part of their work.

Please print your completed application and attach to it the following documents:

- Resume/CV
- W-9 Tax Form
- Business Cards
- List of three (3) references with contact information
  - Marketing Material/Brochures
- One (1) Writing Sample in English/Spanish and/or other language(s), and one (1) PowerPoint Presentation in any of the area(s) of expertise you identified above.

