**Trainee Giggle Doctor Application Form**

**Personal Information**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Are you a UK resident? |  |
| Are you eligible to work in the UK? |  |
| Home address |  |
| Postcode |  |
| Phone Number |  |
| Email Address |  |

**Availability**

Approximately how many days per month do you expect to be available for Giggle Doctoring (please comment on weekdays only)

*Note: As a Trainee Giggle Doctor you will need to complete a minimum of 12 shifts between March 2026 and March 2027, however, most Giggle Doctors work considerably more frequently than this.*

|  |
| --- |
|  |

Are there any days of the week when you are regularly unavailable? (e.g. due to other regular work or commitments)

|  |
| --- |
|  |

Are you available for all the compulsory local and international training dates listed in the Recruitment Pack?

|  |
| --- |
|  |

**Training and Employment History**

Please give details of any relevant training, professional qualifications, or courses that you have undertaken, artistic or non-artistic (please add rows as necessary):

|  |  |  |  |
| --- | --- | --- | --- |
| Course/Training | Provider | Qualification | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please give details of your employment history, including relevant self-employed work, starting with your most recent position (add rows as necessary).

Please explain any gaps in your employment history:

|  |  |  |  |
| --- | --- | --- | --- |
| Employer (name and address) | Position held and brief description of duties | From  | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Performing Arts Skills**

Please indicate if you have skills and experience in the following artistic areas:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | For how long? |
| Balloon sculpture |  |  |  |
| Clowning |  |  |  |
| Dancing/movement |  |  |  |
| Music (please state instrument if applicable) |  |  |  |
| Improvisation |  |  |  |
| Singing |  |  |  |
| Juggling |  |  |  |
| Storytelling |  |  |  |
| Puppetry |  |  |  |
| Craft/origami |  |  |  |
| Mime |  |  |  |
| Circus |  |  |  |
| Magic |  |  |  |
| Other (please describe) |  |  |  |

How would you describe your performance style? (Maximum 200 words)

|  |
| --- |
|  |

Please further describe any experience you have of improvised working. (Maximum 200 words)

|  |
| --- |
|  |

**Communication and Interpersonal Skills**

Please describe your experience of working on your own and in a team as an artist. What do you enjoy? What are the challenges and how have you overcome them? (Maximum 200 words)

|  |
| --- |
|  |

Please describe your experience of interaction with children. What do you think the key factors are to developing a positive rapport with children? (Maximum 200 words)

|  |
| --- |
|  |

Have you ever encountered an emotionally difficult situation as an artist? How did you manage the situation? (Maximum 200 words)

|  |
| --- |
|  |

**Knowledge and Experience of Working in Hospitals**

Do you have any experience of working in a hospital? If so, briefly describe your role at the time and how the hospital environment made you feel. (Maximum 200 words)

|  |
| --- |
|  |

What do you think are the important factors are to consider when visiting children in character as a Giggle Doctor? (Maximum 200 words)

|  |
| --- |
|  |

What is your understanding of Safeguarding and how do you think this would impact on your role as a Giggle Doctor? (Maximum 200 words)

|  |
| --- |
|  |

Part of the Trainee Giggle Doctor Role includes completing a Certificate of Advanced Studies in Giggle Doctoring. Why do you think this is important for the role? (Maximum 200 words)

|  |
| --- |
|  |

**Letter of Motivation**

In no more than 1000 words, please tell us why you want to work as a Giggle Doctor for Theodora Children’s Charity and how you meet the criteria listed in the Role Description in the Recruitment pack.

|  |
| --- |
|  |

**References**

Please give names and addresses of two professional referees who can comment on your professional performance over the last three years. We will only contact your referees if your application is successful after the 2 phases of recruitment.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Contact NameJob TitleOrganisationAddressPost CodeTelephoneEmailRelationship to you |  |  |

**How did you find out about the opportunity to apply for a Trainee Giggle Doctor role?**

We’re working to make sure the opportunity to be a Giggle Doctor reaches as many people as possible, so it’s helpful if you can be as specific as you can.

|  |
| --- |
|  |

**Reasonable adjustments**

Are there any adjustments that we can make to the application process or workshop and interview stage to help you?

|  |
| --- |
|  |

**Declaration**

By submitting this form, I confirm that the information supplied is accurate to the best of my knowledge.

**Signature:**

**Date:**