
#### APPLICATION FOR EMPLOYMENT

#### PRIVATE & CONFIDENTIAL

Please complete fully in **black** ink and **block** capitals. Incomplete application forms will be rejected at short-listing stage. **N.B. As part of the application process, the successful candidate/s will be required to complete Access NI Security Clearance before commencing employment. Relate NI adheres to Access NI’s Code of Practice which can be located at:** [**https://www.nidirect.gov.uk/publications/accessni-code-practice**](https://www.nidirect.gov.uk/publications/accessni-code-practice)

**Access NI’s Privacy Notice is located at:**

[**https://www.justice-ni.gov.uk/publications/ani-privacy**](https://www.justice-ni.gov.uk/publications/ani-privacy)

We adhere to a Secure Handling of Access NI applications policy which is available to you at your request.

Relate NI’s Recruitment of Ex-Offenders policy is available at your request.

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| **Reference No: (office use only)** | **PSCT/MAR 22** | **To be returned by:** | **23.59pm, 25th March 2022** |
| **Position applied for:** Primary School Counsellor/Therapist |

#### PERSONAL DETAILS

|  |  |  |
| --- | --- | --- |
| Mr / Mrs / Miss / MsPlease delete as appropriate | First Names: | Surname (Block Letters): |
| Maiden name or names previously known by:  | National Ins. No.: |
| Home Address:Home/ Mobile/Work Telephone Number (s):  |
| E-mail Address: |
| Current Driving Licence: YES / NO | Own Transport: YES / NO |
| Currently Employed: YES / NO | Notice Required:  |

#### EDUCATION

|  |  |  |
| --- | --- | --- |
| **Dates** | **Type of school attended, e.g. Grammar / Secondary (Do not name school attended)** | **Examinations taken, results obtained,****subjects passed, scholarships and prizes** |
| **From** | **To** |
|  |  |  |  |

#### FURTHER EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Name of College,****University** | **Subjects studied** | **Examinations taken, results obtained,****subjects passed, scholarships and prizes** |
| **From** | **To** |
|  |  |  |  |  |

#### ADDITIONAL TRAINING / PROFESSIONAL QUALIFICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Awarding Body** | **Course Title/Content** | **Result** |
| **From** | **To** |
|  |  |  |  |  |

#### EMPLOYMENT HISTORY

Please list all your work history since completing full-time education, beginning with your present or most recent position.

**CURRENT EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Name of employer, address and nature of business** | **Position and main responsibilities** | **Starting &****leaving salary** | **Reason for****wanting to leave** |
| **From** | **To** |
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#### EMPLOYMENT HISTORY

Please list all your previous work history beginning with your next most recent etc.

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| --- | --- | --- | --- |
| **Dates** | **Name of employer, address, and nature of business** | **Position held and brief details of duties** | **Reason for leaving and leaving salary** |
| **From** | **To** |
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Please continue on a separate sheet if necessary, using the same format as above

N.B. - All gaps in employment history must be accounted for

**INFORMATION IN SUPPORT OF YOUR APPLICATION**

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| The information provided in this section will be used to assess your application at the short listing stage, therefore you must demonstrate how your skills and experience meet the essential and desirable criteria specified in the advertisement or the information contained within the Application Pack, where applicable. |
| **ESSENTIAL CRITERIA** |
| * **Professional qualification in Child Psychotherapy** (e.g. Play therapy, Art Therapy, Drama Therapy, Music Therapy) to Diploma level or equivalent from a recognised or a relevant validating organisation e.g. Counselling and Psychotherapy Central Awarding Body (CPCAB). Art, Drama and Music Therapists must be trained to Masters level or equivalent, registered with the Health and Care Professions Council and meet professional and conduct requirements
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|  |
| * Practitioners should hold or intend to work towards accreditation with the British Association for Counselling & Psychotherapy (BACP), Irish Association for Counselling & Psychotherapy (IACP), Professional Standards Agency (PSA), Health Care Professions Council (HCPC), accreditation. This must be completed within 12 months of the commencement date. Any Art, Drama and Music Therapists must be registered and accredited (or working towards accreditation with the Health and Care Professions Council (HCPC) and meet the regulatory requirements and competencies. Play therapists must be registered and accredited with the Professional Standards Agency (PSA)
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|  |
| * Experience of counselling/therapy with children (preferably at least one year) in line with your training up to the age of 18 and understand child development and an awareness of issues impacting children
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| * Counsellors/therapists must be mindful of the current BACP competencies for working with children and young people 4-18 years and its relevance to their counselling context
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|  |
| * An understanding of equal opportunities issues
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| * Comply with Relate NI Policies, Procedures and Specification Guidelines
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| * Minimum 150 post qualifying supervised clinical practice hours (which can be accrued as part of recognised training)
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| * Therapists must have the relevant level of clinical supervision to meet their professional regulatory requirements
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| * All practitioners delivering this service will be Access NI checked to an enhanced level and maintain evidence of a level of CPD
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| * Listening and problem solving skills
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| * Ability to maintain strict confidentiality
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| * Ability to manage personal and time boundaries
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| * Excellent oral and written skills
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| * Ability to use ICT
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| * Team player
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|  |
| * Flexible working in terms of days and location
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|  |
| * Attendance at clinical supervision, line management meetings, team meetings etc
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| * Full valid driving licence and / or access to transport to enable you to fulfil work responsibilities
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| **DESIRABLE CRITERIA** |
| * Speak languages other than English
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|  |
| * Training in online counselling and/or experience of delivering online counselling
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| SUPERVISED COUNSELLING EXPERIENCEPlease use appendix A to provide details of your supervised counselling experience over the past two years i.e. since January 2018Show the **actual hours** you worked face to face with clients excluding – assessment interviews, cancelled or missed appointments, sessions not attended by the client, training or supervision.Your supervised practice must be with a **qualified supervisor** and the name and qualifications of the supervisor must be included. |

#### REFERENCES

Please give the names of two referees, (not relatives) both of whom should be familiar with your work, one of which should normally be your current/or most recent employer and the other a previous employer.

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| --- | --- |
| Name:Address:Tel. No.:Email Address:Occupation:Do we have your permission to contact this referee:* At any time \*Y / N
* Only when a provisional job offer has been made

 \*Y / N\* Please delete as appropriate | Name:Address:Tel. No.:Email Address:Occupation:Do we have your permission to contact this referee:* At any time \*Y / N
* Only when a provisional job offer has been made

 \*Y / N\* Please delete as appropriate |
| In line with the Asylum & Immigration Act 1996, applicants must be eligible to live and work in the UK without restrictions. Do you have the right to take up employment in the United Kingdom? YES/NO Do you require a Work Permit or Workers Registration? YES/NOIf yes please provide details. |
| Have you ever previously been employed by this company? YES/NO(If Yes please give details)  |

#### ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

|  |
| --- |
| Please use this space for details of any hobbies/interests, and any other information you consider relevant: |

A candidate found to have knowingly given false information or to have wilfully suppressed any material fact will be liable to disqualification, or, if appointed, to dismissal.

I declare that to the best of my knowledge and belief all the foregoing statements are true and complete.

Signature of applicant: Date:

**CANVASSING WILL DISQUALIFY**

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Completed Applications to be returned to:

Emma Irwin

Business Operations Lead, Relate NI,

3 Glengall Street, Belfast,

BT12 5AB

or EmmaIrwin@relateni.org

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Privacy Notice

The data contained in this application form will only be used for the purpose of progressing this application for employment. The sensitive personal data on the attached monitoring form will only be used to comply with the requirement of statutory legislation.

The company will not share any of the information provided in your application with any third parties for marketing purposes or store any of your information outside the European Economic Area. The information you provide will be held securely by us and/or our data processors whether the information is in electronic or physical format.

We will use the contact details you provide to contact you to progress your application. We will use the other information you provide to assess your suitability for the role you have applied for. You do not have to provide what we ask for but it might affect your application if you don’t.

We do not collect more information than we need to fulfil our stated purposes and will not retain it for longer than is necessary.

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| **Year & No. of months counselling occurred** | **Client hours****(only include hours worked)** | **Nature & Setting of Counselling Work** | **Individual/equivalent Supervision hours** | **Supervisor Details (name/address & qualifications)** |
| **Per month** | **Total per year** | **Per month** | **Per year** |
| **2022** |  |  |  |  |  |  |
| **2021** |  |  |  |  |  |  |
| **2020** |  |  |  |  |  |  |
| **2019** |  |  |  |  |  |  |

**Appendix A**

**Declaration of Criminal Convictions, Cautions & Bind-Over Orders**

**In Confidence**

|  |  |  |
| --- | --- | --- |
| **1.Are you included in the Adult’s Barred List?**(if yes please give details) | **YES** | **NO** |
|  |
|  |
| **2. Do you have any cases pending?**(if yes please give details) | **YES** | **NO** |
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| --- |
| **3. Do you have any convictions, cautions, informed warnings, diversionary youth conferences or bind-over orders that are not subject to ‘filtering’ (as defined by the Rehabilitation of Offenders (Exceptions) Order (NI) 1979, as amended in 2014)?****YES NO**If yes, please provide details below, giving as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter. |
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| --- |
| **4. Have you ever been the subject of an Adult Abuse investigation which alleged that you were the perpetrator? YES NO**If yes, please list full details below including the name of police unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s. |
|  |
|  |

**Declaration and Consent:**

I declare that the information I have given is complete and accurate. I understand that I will be asked to complete an Access NI Disclosure Certificate Application form if I am considered to be the preferred candidate. I consent to the appropriate Access NI check being made and I agree to enquiries relevant to this declaration.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Surname previously known by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration of Criminal Convictions, Cautions & Bind-Over Orders**

**In Confidence**

|  |  |  |
| --- | --- | --- |
| **1.Are you included in the Children’s Barred List?**(if yes please give details) | **YES** | **NO** |
|  |
|  |
| **2. Do you have any cases pending?**(if yes please give details) | **YES** | **NO** |
|  |
|  |

|  |
| --- |
| **3. Do you have any convictions, cautions, informed warnings, diversionary youth conferences or bind-over orders that are not subject to ‘filtering’ (as defined by the Rehabilitation of Offenders (Exceptions) Order (NI) 1979, as amended in 2014)?****YES NO**If yes, please provide details below, giving as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter. |
|  |
|  |

|  |
| --- |
| **4. Have you ever been the subject of an Child Abuse investigation which alleged that you were the perpetrator? YES NO**If yes, please list full details below including the name of police unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s. |
|  |
|  |

**Declaration and Consent:**

I declare that the information I have given is complete and accurate. I understand that I will be asked to complete an Access NI Disclosure Certificate Application form if I am considered to be the preferred candidate. I consent to the appropriate Access NI check being made and I agree to enquiries relevant to this declaration.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Surname previously known by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# HAVING A CRIMINAL RECORD WILL NOT NECESSARILY DEBAR YOU FROM WORKING WITH RELATE NI. THIS WILL DEPEND ON THE NATURE OF THE POSITION, TOGETHER WITH THE CIRCUMSTANCES AND BACKGROUND OF YOUR OFFENCES OR OTHER INFORMATION CONTAINED ON A DISCLOSURE CERTIFICATE OR PROVIDED DIRECTLY TO US BY THE POLICE.