

APPLICATION FORM

Position:	Ref: 2011
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Please complete in full using black ink or type.

1. BACKGROUND

Surname: (Block letters)	Forenames: (Please underline name by which you are known)	Title: (Mr/Mrs/Ms etc.)
Permanent Address: Postcode:	Address for Correspondence: Postcode:	
Telephone Numbers: Home: Mobile:	Office: Email:	

Do you hold a driving licence?	Yes	No
Do you have access to a car?	Yes	No

Have you been convicted of a criminal offence?	Yes	No
If yes, please give details		
<hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		

2. EDUCATIONAL QUALIFICATIONS – Please continue on a separate sheet if necessary

Please give details of educational qualifications, e.g. GCSE, 'O' and 'A'.				
Examining Board	Examination Year	Subjects	Qualification Level	Grade/result

Please give details of any relevant third level qualifications				
University/College	Degree/Diploma	Result	Main Subjects	Date of Award

Please give details of any relevant postgraduate and further qualifications not included above				
Awarding Body	Type of Qualification	Level of Qualification	Date of Award	Professional Membership Status

3. TRAINING AND DEVELOPMENT – Please continue on a separate sheet if necessary

Please detail any training/development courses which you believe are relevant to this post and details of qualifications/accreditation acquired.

Course	Dates attended	Details of course	Accreditation (if any)

4. JOB CRITERIA

SESSIONAL COUNSELLORS

Please demonstrate how you meet all the criteria below.

4.1 Confirm that you have achieved a professional accreditation with BACP, UKCP, IACP or equivalent (please provide a copy of your certificate)

4.2 Detail 2 years post-qualification supervised clinical practice (accumulating to at least 200 hours post qualifying supervised practice).

4.3 Please describe your experience working with children, young people, adults or families in a clinical setting including schools, defining the skills and qualities you feel you would bring to bear on the work. Please state the geographical and client (e.g. adult counselling; schools etc) areas in which you would like to work.

5. REFERENCES

Please provide the name of 2 suitable referees who knows you in a professional capacity. New Life Counselling will not contact your referee without your prior permission.

Referee 1:
Name:
Title:
Address:
Postcode:
Position held:

Referee 2:
Name:
Title:
Address:
Postcode:
Position held:

6. DISABILITY (Please note this question is used for the purposes of determining any reasonable adjustments a candidate may require if successful in obtaining this post. Any candidates who declare a disability will be given equal consideration).

Do you consider you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
Disability is defined as 'any physical or mental impairment, which has a substantial and long term effect on a person's ability to carry out normal day to day activities.'
If your answer is YES please supply details of your disability and any reasonable adjustments you may require if successful in obtaining this post:

7. GENERAL INFORMATION

How did you learn about the vacancy?

Press advertisement, please detail:

Other source (please detail)

8. DECLARATION (Candidates who submit their application by email and who are subsequently invited to interview, will be asked to sign their application at that stage).

I declare that the information I have supplied above, and any additional information supplied is to the best of my knowledge true and complete.

I also understand that only applications containing all the information requested will be considered.

I understand that if found to have knowingly given false information or to have wilfully suppressed any material fact that I shall be liable for disqualification or, if appointed, dismissal.

Signed _____

Date _____

NEW LIFE COUNSELLING IS COMMITTED TO EQUALITY OF OPPORTUNITY IN EMPLOYMENT AND WELCOMES APPLICATIONS FROM ALL SUITABLY QUALIFIED CANDIDATES IRRESPECTIVE OF RELIGIOUS BELIEF, GENDER, DISABILITY, AGE, RACE, POLITICAL OPINION, MARITAL STATUS, SEXUAL ORIENTATION OR WHETHER OR NOT THEY HAVE DEPENDANTS. APPOINTMENTS WILL HOWEVER BE MADE STRICTLY ON MERIT.

Completed applications including an equal opportunity monitoring form and completed medical form to be returned to:

The Monitoring Officer
New Life Counselling
25 Ardoyne Road
Belfast
BT14 7HX
Tel: 028 9039 1630

Your application form and all related documents will be kept in a safe place according to data protection guidelines.