**APPLICATION FORM**

**CONFIDENTIAL**

IMPORTANT – Before completing this form, please read the additional information for applicants carefully. Please complete the form using BLACK ink or TYPE to facilitate copying. CV’s will not be considered.

Please return your completed application form to **recruitment@prrt.org** or by post marked Private & Confidential for the attention of Human Resources, PRRT, Maryfield Complex, 100 Belfast Road, Holywood, BT18 9QY. Completed forms **must** be returned by **Monday 2nd June 2025** at **12 noon**.

**PRRT is an equal opportunities employer and welcomes applications from all sections of the community.**

|  |
| --- |
| **POST DETAILS:** |

|  |  |
| --- | --- |
| **Title of Post** | Psychological Therapies Manager |
| **Reference** | PSY009 |

|  |
| --- |
| **PERSONAL DETAILS** |

|  |  |
| --- | --- |
| **Title** *Mr / Mrs / Ms / Miss / Other* |  |
| **Surname** |  |
| **Forename(s)** |  |
| **Preferred Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Email Address** |  |
| **Contact Telephone Number** |  |
| **National Insurance Number** |  |
| **Do you need a work permit to take up employment in the UK?** |  |

|  |  |  |
| --- | --- | --- |
| **Employment History** | | |
| **Current Job Title:** | | |
| **Current Salary:** | | |
| **Date Employment Commenced:** | | |
| **Name and address of employer** | **Main responsibilities** | **Reason for leaving** |
|  |  |  |

|  |
| --- |
| **PREVIOUS EMPLOYMENT** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please list details of all previous employment stating with your most recent post.** | | | | |
| **Name and address of employer** | **Position held main responsibilities** | **Employed from (DD/MM/YY)** | **To (DD/MM/YY)** | **Reason for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ONLY THIS SECTION OF THE FORM WILL BE USED FOR SHORTLISTING PURPOSES**

Important Note For Applicants:

* For shortlisting purposes, Selection Panels will **ONLY** use this section of the application form. Candidates **MUST** demonstrate how they meet the essential criteria and desirable criteria in the relevant section.
* For all experience candidates must detail: Employer Name, Job Title and Dates of Employment.
* Each criteria is assessed individually and must therefore be completed in full i.e. candidates should not rely on information included in a previous answer for another criteria.

|  |  |
| --- | --- |
| **ESSENTIAL CRITERIA** | **Reference Number: PSY009 /** |
| **The following section asks you to demonstrate, using examples, how you meet the essential criteria for the role.** | |
| **EITHER:**   1. **Have a Doctorate in Clinical / Counselling Psychology / or equivalent**   **AND**  **Have post-doctoral training in Cognitive Behaviour Therapy / Psychology or Solution Focused Counselling or equivalent in clinical practice**  **AND**  **Have current registration with the Health and Care Professions Council (HCPC)**  Please demonstrate how you meet these criterions by including: qualification/training title, level, result, employer/experience, year obtained etc. | |
| **OR:**  **2. Have current Accreditation with the British Association of Behavioural and Cognitive Psychotherapies (BABCP) as a CBT Therapist**  **AND**  **Have current registration with the Health and Care Professions Council (HCPC)**  Please demonstrate how you meet these criterions by including: qualification/training title, level, result and year obtained. | |
| 1. **Have post-qualified experience as a Cognitive Behavioural Psychotherapist / Clinical / Counselling Psychologist working as part of a clinical team with adult clients**   Please demonstrate how you meet this criterion by including employer, dates of employment, job title and experience. | |
| 1. **Have a minimum of 2 years’ experience in each of the following:**  * Line Management responsibility * Clinical Supervision of psychological practitioners * Active participation in quality and service improvement initiatives   Please demonstrate how you meet this criterion by including employer, dates of employment, job title and experience. | |
| 1. **Possess a full, current UK driving licence or have access to a form of transport which enables the full requirements of the post to be fulfilled**   Please demonstrate how you meet this criterion by including: driving licence number and date of expiry etc. | |
| **DESIRABLE CRITERIA** | |
| 1. **Qualified in EMDR**   Please demonstrate how you meet this criterion by including: qualification title, level, result and year obtained. | |
| 1. **Have a formal clinical supervision / training qualification**     Please demonstrate how you meet this criterion by including: qualification title, level, result and year obtained. | |

|  |
| --- |
| **REFERENCES** |

|  |  |  |
| --- | --- | --- |
| **Please give the name and addresses of two referees; one of whom should be your current/most recent employer.** | | |
|  | **REFEREE 1** | **REFEREE 2** |
| **Name** |  |  |
| **Designation / position** |  |  |
| **Address** |  |  |
| **Email Address** |  |  |
| **Telephone Number** |  |  |
| ***Referees will not be contacted until a provisional offer of employment is made.*** | | |

|  |
| --- |
| **INTERVIEW ARRANGEMENTS** |

|  |
| --- |
| Interviews are provisionally scheduled for **Tuesday 17th June 2025** |
| If invited for interview, are there any dates on which you would not be available? |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  | 2. |  |  | 3. |  |

|  |
| --- |
| **DISABILITY DISCRIMINATION ACT** |

**Disability Discrimination Act 1995**

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

**Do you have a disability which is relevant to your application?**

**Yes**  **No**

If yes, Please give Details:

|  |
| --- |
|  |

Do we need to make any specific arrangements in order for you to attend the interview.

**Yes  No**

If yes please give details:

|  |
| --- |
|  |

|  |
| --- |
| **REHABILITATION OF OFFENDERS ACT 1974** |
|  |
| **Certain posts required that you disclose any conviction, caution or binding over under the terms of the Rehabilitation of Offenders Act 1974.**  **Do you have any criminal convictions, which are not regarded as ‘spent’ under the Rehabilitation of Offenders Act 1974?**  **Yes  No**  **If yes, please give details:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **EQUAL OPPORTUNITIES POLICY STATEMENT** | | | |
|  | | | |
| **The Trust’ s policy is to give equal treatment to its employees and eligible service users regardless of their age, disability, HIV status, marital status, race, colour, ethnic origin, nationality or national origin, religious belief or political opinion, sex, sexual orientation, gender re-assignment, age, marriage and civil partnership or disability.**  **The Trust promotes the elimination of discrimination and complies with the Sex Discrimination Order (Northern Ireland) 1976 (as amended), Race Relations (Northern Ireland) Order 1997 (as amended), Fair Employment and Treatment (Northern Ireland) Order 1998 (as amended), Disability Discrimination Act 1995, Employment Equality (Sexual Orientation) Regulations (Northern Ireland) 2003 and Employment Equality (Age) Regulations (Northern Ireland) 2006 together with relevant Codes of Practice and European Directives.**  **All Directors, employees and those acting on behalf of the Trust are responsible for implementing the policy, and have a continuing duty to challenge all forms of discrimination.** | | | |
|  | | | |
| **DATA PROTECTION** | | | |
|  | | | |
| **We only use the information you provide to process your application and to produce anonymised monitoring statistics.  For more about how we use your information, see our Privacy Policy at** [**www.prrt.org**](http://www.prrt.org)**.** | | | |
|  | | | |
| **STATEMENT** | | | |
|  | | | |
| **I declare that I have read and understood all the information provided with this application.**  **I understand that any offer of appointment and subsequent employment is dependant upon this declaration and information contained within this application. To the best of my knowledge and belief the information contained in this form is accurate. It is understood any deliberately false statements or omission may prejudice my employment.** | | | |
| **Signature:** |  | **Date:** |  |

MONITORING FORM

|  |
| --- |
| **Reference Number: PSY009 /**  **(office use only)** |
| **Guidance Notes:**  We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or are in a civil partnership; or, whether they are disabled; or whether they have undergone, are undergoing or intend to undergo gender reassignment.  We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.  In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons.  Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.  Secondly, we also monitor the *community background* and *sex* of our job applicants and employees in order to comply with our duties under the *Fair Employment & Treatment (NI) Order 1998*.  **You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so.**  Nevertheless, we encourage you to answer the questions below. Your identity will be kept anonymous and your answers will be treated with the strictest confidence. Access to this data is restricted to those PRRT staff whose duties make it necessary for them to access it. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us. To protect your privacy, you should not write your name on this questionnaire. Instead, the form will carry a unique identification  **Community Background**  Please indicate the community to which you belong by ticking the appropriate box below:  I am a member of the Protestant Community  I am a member of the Catholic Community  Other (please Specify) |
| **What is your Gender?**  Female  Male  Prefer not to say  **Is the Gender you identify with the same as your sex registered at Birth?**  Yes  No  Prefer Not to say  If the gender you identify with is not the same as your sex registered at birth, please write in:  **What Is your sexual orientation?**  Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say |
| **Marital status**  Single  Married  Separated  Divorced  Widowed  **Age**  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dependants**  Do you have personal responsibility for the care of a child or children, a person with a disability or a dependant older person?  Yes  No |
| **Ethnic Origin**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box  White  Irish Traveller  **Mixed / Multiple ethnic groups**  White and black Caribbean  White and Black African  White and Asian  Other mixed / multiple ethnic background:  **Asian / Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Other Asian background:    **Black / African / Caribbean / Black British**  African  Caribbean  Other Black / African / Caribbean:  **Other ethnic Group**  Arab  Other ethnic Group: |
| **Do you consider yourself to have a disability or health condition?**  Yes ☐ No ☐ Prefer not to say ☐  What is the effect or impact of your disability or health condition on your work? Please write in here:  The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant. |
| **To enable us to review the effectiveness of our recruitment advertising, please would you tick where you saw this position advertised:**  Ni Jobs  Job centre  PRRT Website  PRRT social media  Other: |

**Please return this Equality Monitoring Form to** [**recruitment@prrt.org**](mailto:recruitment@prrt.org) **or post marked Private & Confidential to: Monitoring Officer - Human Resources, PRRT** **Maryfield Complex, 100 Belfast Road, Holywood, BT18 9QY.**