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**APPLICATION FORM**

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| Candidate Reference Number: SC0317 |  |
| **JOB TITLE** | Return to: Links Counselling Service |
| Accredited Sessional Counsellor | 23a Castle Lane |
|  | Lurgan |
|  | BT67 9BD |

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| **PERSONAL DETAILS** (Please complete using block capitals and black ink) |
| Surname |  | Forename |  |
| Address |  |
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|  |
|  | Postcode |  |
| Home Tel No |  | Work Tel No |  |
| Mobile No |  |
| May we contact you at work? YES 🞐 NO 🞐 |  |
| Email address |
| Where did you see this vacancy advertised? |

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| **CURRENT OR MOST RECENT EMPLOYER** |
| Name  |  |
| Address |  |
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|  |
| Postcode |  | Tel No |  |
| Position held and brief outline of duties |
| Date Started |  | Date Left |  |
| Reason for leaving |
| Job Title |  | Salary |  |
| Notice period (if applicable) |

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| **PREVIOUS EMPLOYMENT** Please give details of employment (paid or unpaid) over the last 10 years.**Please give your most recent first** |
| Name & Address of Employer and nature of business | Dates of Employment | Position Held | Reason for leaving |
| From | To |
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| **EDUCATION** Please give details of all qualifications obtained, along with grade and date achieved.**Please give your most recent first** |
| Level:Secondary/Further/Higher | Dates | Course details and exam results | Date Obtained |
| From | To |
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| **PROFESSIONAL QUALIFICATIONS** (Held or working towards) |
| Professional Body/College/University | Dates | Course details and exam results | Date Obtained |
| From | To |
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| **SPECIALISED TRAINING OR COURSE ATTENDED** |
| Course Taken | Organised By | Location | Date |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** Please give details of membership or any professional duties |
| Name of Professional Body (e.g. BACP, IACP, BABCP, NCS etc) | Level/type of membership | Registration Details (e.g. Part of Register) | Expiry Date |
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| **SUPPORTING INFORMATION** (Please ensure when completing this section that you demonstrate that you meet the essential criteria) |
| **Tell us about your experience as a counsellor:**  |
| **Tell us about your knowledge of therapeutic interventions that you use**  |
| **Can you describe your abilities as a counsellor?** |
| **Can you tell us more about your qualifications?** |

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| **REFERENCES** Please give details of two referees; one must be your current or most recent Line Manager or School or College. References from family or friends are not acceptable |
| **REFERENCE 1** | **REFERENCE 2** |
| Name |  | Name |  |
| Job Title |  | Job Title |  |
| Organisation |  | Organisation |  |
| Address |  | Address |  |
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|  |  |
| Postcode |  | Postcode |  |
| Tel No |  | Tel No |  |
| Email address |  | Email Address |  |

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| **DECLARATION OF CONVICTIONS** |
| **See attached - Declaration and Consent Form** |

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| **DECLARATIONS** Please ensure you sign and date this declaration before returning your application form. |
| **DATA PROTECTION ACT DECLARATION** - The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.I understand that the information is being used to:* Process my application for employment;
* Form the basis of a computerised record on the recruitment system for processing and monitoring purposes;
* Form the basis of a manual job file with other application forms and will be used for processing;
* If appointed, form the basis of a manual and computerised employment record.
 |
| I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in dismissal or other disciplinary action if I am appointed.Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please note:**All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults |