

**Falls Women’s Centre**

**Job Application Form:**

**Post Applying for: Counselling Coordinator**

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please state previous address if you have only lived at your current address for 3 years or less.**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you hold a current driving License? Yes No**

**Do you have access to a car? Yes No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? Yes \_\_\_ No \_\_\_\_**

 If yes, please give details:

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If you are successful in your application, would you require a work permit prior to taking up employment? **Yes \_\_\_\_\_\_ No\_\_\_\_\_**

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**Section 1 of the Disability Discrimination Act 1995 describes a disabled person as a person with a ‘physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities’.**

Using this definition, would you consider yourself to be disabled? Yes No

If yes, do you require ‘any special arrangements to be made to assist you if called for interview? Please provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDUCATION: Your qualifications*: Please list all your qualifications starting with those obtained in part-time or full time education and ending with those obtained through Further and Higher Education.***

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| --- | --- | --- | --- |
| **Examinations Taken** | **Dates** | **Result** | **Qualification Obtained** |
|  |  |  |  |

**Further or Higher Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **Examinations Taken** | **Dates** | **Result** | **Qualification Obtained** |
|  |  |  |  |

***Please use additional sheet if necessary***

**Previous Employment (full-time & Part-time): *Please give details of all jobs held, starting with your present or most recent employer working backwards in chronological order. Please account for a period not recorded.***

***Notice required terminating present employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/address of Employer** | **Dates of Employment** | **Type of Job (please give description of duties)** | **Reason for Leaving** |
|  |  |  |  |

***Please use additional sheet if necessary***

**Skills and Experience: *Please refer to the person specifications when completing this section. Use this space to detail relevant work experience, training or interests that directly relate to the essential and desirable items listed in the person specifications. Please state clearly which items your skills or experience refer to. (you may use additional paper if required).***

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| Recognised Diploma /degree in Counselling with 3 years post qualifying experience.  |
| Certificate of Proficiency -BACP accreditation or working towards accreditation with a minimum of 450 post qualification supervised counselling hours. |
| Ability to make use of counselling supervision (evidenced by a counselling supervisor’s statement) |
| Demonstrate sound working knowledge of professional ethics and boundaries |
| Experience of working with individuals who present with common mental health issues, and Tier 2 interventions according to NICE guidelines |
| Experience of working in a community setting which reflects high levels of health inequalities and disadvantage |
| Experience of working with individuals deemed to be at risk of suicide or self-harm and those bereaved through suicide. |

***Please give details of experience/hobbies or any other information you may wish to give in support of your application (include any experience of voluntary or community work experience).***

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**Health**

**How many days have you been absent from your work in the past two years \_\_\_\_\_\_\_**

**Termination**

**Notice required to terminate present position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please give the name, address and occupation of two referees who can supply direct information on your experience, work record and ability to carry out the duties of this post. Where appropriate at least one should be from your present or last employment.** **References will be taken up with your consent if you are offered the position.**

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### *G. DECLARATION*

I hereby declare that the information given on this application, is to the best of my knowledge, true and correct. I also agree that any misrepresentations by me will lead to disqualification of this application, the withdrawal of any offer of employment or my employment being terminated without any obligation or liability to Falls Women’s Centre other than for services rendered.

**Signed Date:**

**Please send completed hard copy application form to:**

**Communications Officer**

**Falls Women’s Centre**

**256/258 Falls Road**

**Belfast**

**BT12 6AL**

**Closing date is:**

**Falls Women’s Centre do not acknowledge receipt of applications or consider late applications.**

**Falls Women’s Centre Data Protection Statement**

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment.

The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us.

We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above) and consent to us processing your data under GDPR.

**Closing date for returned application is: 13th October 2024 @ 4.00pm**