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Job Application Form

**Clinical Coordinator**

Applicants must complete the application form in either Arial font size 12, or legible block capitals using black ink

Closing date for applications

**1.00pm, Friday 15th November 2024**



**POSITION APPLIED FOR:**

Job Title:

Ref No: E24CC1

Where did you see this post advertised?

**1. APPLICANT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Title:** | **Surname:** | **Forename:** |
|  |  |  |
| **Home Address:** |
|  |
| Post Code: |

|  |
| --- |
| **Contact Details:** |
| Daytime no: |
| Evening no: |
| Mobile no: |
| Email address: |
| National Insurance no: |
| Place of Birth: |
| Country of Birth: |
| Do you hold a current driving licence? | Yes/No |
| How much notice do you need to giveyour current employer? |  |

**2. EMPLOYMENT RECORD**

**Please start with your most recent employer**

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| --- |
| Employer Name: |
| Address: |
| Job Title: | From: | To: |
| Brief Description of Duties: |
| Reason for leaving/changing: |

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| Employer Name: |
| Address: |
| Job Title: | From: | To: |
| Brief Description of Duties: |
| Reason for leaving/changing: |

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| Employer Name: |
| Address: |
| Job Title: | From: | To: |
| Brief Description of Duties: |
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| Employer Name: |
| Address: |
| Job Title: | From: | To: |
| Brief Description of Duties: |
| Reason for leaving/changing: |

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| Employer Name: |
| Address: |
| Job Title: | From: | To: |
| Brief Description of Duties: |
| Reason for leaving/changing: |

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| Employer Name: |
| Address: |
| Job Title: | From: | To: |
| Brief Description of Duties: |
| Reason for leaving/changing: |

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| Employer Name: |
| Address: |
| Job Title: | From: | To: |
| Brief Description of Duties: |
| Reason for leaving/changing: |

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| --- |
| Employer Name: |
| Address: |
| Job Title: | From: | To: |
| Brief Description of Duties: |
| Reason for leaving/changing: |

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**3. EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name ofSchool/College | Qualification/ Level | Subject | GradeAwarded | Date Gained |
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**4. FURTHER / HIGHER EDUCATION**

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| --- | --- | --- | --- | --- |
| Name ofUniversity/College | Qualification/level | Subject | GradeAwarded | Date Gained |
|  |  |  |  |  |
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**5. PROFESSIONAL MEMBERSHIPS**

Please provide details of any professional memberships you hold?

**6. ESSENTIAL ELIGIBILITY CRITERIA**

**By the closing date for applications, candidates must have:**

6.1) To be accredited with BACP (or equivalent) OR working towards accreditation (with a clearly identified intended date for submission) with a minimum of 450 post- qualification supervised counselling hours and BACP Certificate of Proficiency (or equivalent).

Yes No

6.2) Knowledge and experience of managing client risk, and maintaining boundaries and confidentiality appropriately.

Yes No

6.3) Knowledge and experience of working with trauma

Yes No

6.4) Ability to establish and maintain professional relationships with other statutory/community/voluntary groups.

Yes No

6.5) Working knowledge and experience of monitoring and evaluating clinical outcomes.

Yes No

6.6) An understanding of a range of presenting issues and suitable interventions within a community counselling setting.

Yes No

6.7) Experience of providing direct line management to contracted and sessional practitioners.

Yes No

**7. DESIRABLE CRITERIA**

7.1) Previous experience of providing Clinical Supervision within a community counselling environment.

Yes No

7.2) Previous experience of delivering training

Yes No

7.3) CBT Level 5 / EMDR Part 1& 2 – or working towards

Yes No

7.4) Previous experience of using computerised management information systems. Yes No

**8. SPECIAL REQUIREMENTS**

As an Equal Opportunities Employer we wish to ensure that all applicants have the opportunity to perform to the best of their ability in either a test or interview situation.

Please let us know if you require any reasonable adjustments, or arrangements to enable you to attend for interview.

**9. REFEREES**

If you are responsible to a public advertisement, please provide the required information of two persons not related to you, to whom references may be sent. One of your referees must be either your current or previous employer (if any) and both should be able to comment on your ability to carry out the particular tasks of the job. If you do not wish us to contact your present employer, please provide your most recent previous employer.

Current or previous employer (if any):

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Organisation: |  |
| Address(including post code) |  |
| Telephone: |  |

Other employer or nominated character referee:

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Organisation: |  |
| Address(including post code) |  |

|  |  |
| --- | --- |
|  |  |
| Telephone: |  |

**(Please note Referees will only be contacted if an offer of appointment is made)**

**10. CRIMINAL OFFENCES**

*Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979, some posts are included in the list of excepted employments. As such, any criminal conviction may never be regarded as spent and must be disclosed when applying for a post.*

*It is therefore necessary to ask these questions:*

Have you ever been convicted of a criminal offence (other than a ‘spent\*\*

Conviction under the Rehabilitation of Offenders Act (1974))?

(For details refer to Citizen’s Advice Bureau).

Yes No

Are you the subject of any current or pending investigations? Yes No

If Yes-details (including type of offence, date, sentence, fine etc) are required from you and should be included in a separate envelope; which will be opened only, if you are considered for the appointment and will be subsequently returned to you. Such information will be completely confidential.

Carrying out any paid or voluntary work for the Ely Centre may involve access to young people or vulnerable adults, therefore it is our policy to carry out enhanced Access NI checks. Access NI checks will only be carried out in the event that you are successful at interview and the information only used for the purpose of making a recruitment decision after which it is destroyed in accordance with Access NI

guidelines. A successful candidate will not be able to take up the post until enhanced

Access NI clearance is obtained.

**11. ELIGIBILITY TO WORK IN THE UK**

Yes No

You will be required to provide documentation to support this claim (Under Section 8 of the Asylum and Immigration Act 1996) if offered the post

**12. DECLARATION**

I declare that the information, which I have given above, is correct.

Signed:

Date: / /\_

**Please return completed form along with Equality Monitoring Form to:**

**Post - The Ely Centre - Markethill Office**

 2 Geddis Square, Markethill, Co Armagh, BT60 1PN

 Email – Info@elycentre.co.uk

**Data Protection**

*Applicants should be aware that the information provided in your application form is collected within the context of the GDPR 2018. The information will be used to enable us to consider your application for employment and to provide details for your employment contract in the event of you being successful. Although any information provided by you will be treated in the strictest confidence, it will be used to enable us to comply with our statutory duties on equal opportunities, example impact assessment, monitoring and returns and also replies to statutory questionnaires. In addition, Ely Centre will have to comply with any directions/orders from courts or tribunals to release documentation. This may also include referee reports. On occasion, we may also be required to provide statistical information on employees as part of an overall ongoing monitoring of employees.*