## C:\Users\tracey.shirlow\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\BU5ZKMN6\New Wave Logo-Dec 2013.jpg

**Appendix 1**

**INVITATION TO TENDER**

**Sessional Counsellor**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Title: Mr/Mrs/Ms/Miss**  Ms | **Full Name:** |
| **Address for Correspondence:** | |
|  | |
| **Postcode:** | **Email Address:** |
| **Daytime Telephone No:** | **Evening Telephone NI:** |
| **Please highlight your preferred location:** | **Armagh**  **Ballymoney**  **Belfast**  **Derry/Londonderry**  **Killough**  **Omagh** |

#### **UNIVERSITY/HIGHER EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject & Awarding Body** **(please name institute)** | **Level Attained** | **Grade Obtained** | | **Year Obtained** |
|  |  |  | | Choose an item. |
| **Accreditation with relevant Professional Body****Name of Professional Body** **(e.g. UKCP, IACP, BABCP, BPS, BACP, HCPC, NCS(sen) or equivalent. (Equivalent to be determined by Panel)** | **Registration/Membership****Number & Level of Membership** | | **Date Joined/** **Renewal Date (if applicable)** | |
|  |  | | Click here to enter a date. | |

*\*****In order to demonstrate that you meet the eligibility criteria please provide evidence of your qualification by attaching a copy***

***of your certificate and accreditation document.***

|  |
| --- |
| **Scope of the Contract**  (Please tell us how you intend delivering on the scope of the contract) |
| Minimum of two years’ experience and / or 450 supervised clinical hours delivering counselling to individuals in a trauma related area. |
| Please provide evidence of your Public Liability Insurance. If not insured currently, your willingness to avail of such insurance if successful at tender stage. |
| Hourly rate of providing one to one counselling including travel and all other associated costs. |

**Please Note:**

We are required by the Data Protection Act 1998 (GDPR) to inform you how we will use any personal information that we hold either manually or on computer in relation to this submission and any subsequent period of procurement.

This submission and any additional information you provide will be held confidentially and in accordance with GDPR.

### PERSONAL STATEMENT

### I declare that the information I have provided in this submission is, to the best of my knowledge accurate. I understand that the provision of false or misleading information in connection with my submission or the omission of relevant information may result in rejection of my submission application, or instant termination of my services. I authorise WAVE to process any personal data given on any part of this form.

Signed:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in capitals):