

Position Applied For: Part Time Counsellor / Psychotherapist

This is an application pack for the above post, which should contain the following items:

- Application form
- Job Description & Job Specification

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

1. **You must complete the Application Form in full.**
2. **It is your responsibility to ensure that sufficient information is given on the Application Form to enable a short listing panel to assess your suitability for this post.**

PLEASE SHOW CLEARLY IN YOUR APPLICATION HOW YOU MEET THE ESSENTIAL

AND DESIRABLE CRITERIA OUTLINED IN THE JOB SPECIFICATION.

3. Applications, CV's and Attached sheets:
 - Applications will only be accepted on CANS application forms so that the same type of information is received from all applicants.
 - Attached CV's **will not** be considered, either in lieu of the application form or in conjunction with it.
 - Emailed application forms **will not** be accepted –
If the application form is downloaded for completion this must be printed off by the applicant and returned to:

Counselling All Nations Services (CANS)
c/o CWA
1 Stranmillis Embankment
Belfast
BT7 1GB

4. It is the responsibility of the applicant to ensure the completed form, together with the Equal Opportunities Monitoring Questionnaire, is returned ***as soon as possible.***
5. In the event of a large number of applicants, desirable criteria may also be used to form the shortlist.
6. A waiting list may be retained for a period of 9 months for future permanent and temporary vacancies for similar positions.

Thank you for your interest in this role, and in CANS, we look forward to receiving your application.

Closing date for Applications

Ref No:

Date: 5pm 05/04/2025

We realise it will involve time and effort to complete this form, but your contribution will help us to be as objective and accurate as possible in our assessment. Information that you give will be treated confidentially. **Please complete all sections legibly in BLACK ink. Uncompleted forms, or forms received after the closing date for receipt of all applications will not be considered. CV's will not be accepted.**

1. IN CONFIDENCE

PLEASE NOTE: ALL PARTS OF THIS FORM MUST BE COMPLETED

2.

ROLE: Part Time Counsellor / Psychotherapist

3. PERSONAL DETAILS

Surname:		Forename (s):	
Home Address:		Title:	
Postal Code:			
Home Telephone No. (include STD code)	Daytime Telephone No (Include STD code)	Mobile Telephone No.	
		E-mail address:	
Do you require a permit to work within the EU? (If yes, please give details)			
Do you hold a current driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what categories are you entitled to drive?: _____			
Do you have a car available for business use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day to day activities.

Do you consider that you meet this definition of disability? Yes No

If yes, please detail below if we need to meet any special adjustments or arrangements should you be called for assessment/interview:

Please state dates and reasons for absences from work resulting from illness over the last two-year period.

4. CURRENT EMPLOYMENT STATUS

Please tick the employment status statement that currently best describes you.

I am in full-time or part-time employment:

I am in a full-time or part-time education:

I am retired from employment:

I am currently seeking employment:

I am unemployed but seeking employment:

5. EDUCATION AND TRAINING

FURTHER AND HIGHER EDUCATION

Establishment Name (College/University)	From (Month/Year)	To (Month / Year)	Title of Course	Qualification (s) Achieved	Date Awarded

SECONDARY EDUCATION

From (Month/Year)	To (Month/Year)	Examinations / Qualifications Please state examining Board, examinations passes with grades and dates

PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES

Professional Body/ Institution Name	Date Qualification achieved	Date of Membership	Level of Membership

6. WORK HISTORY

Year and Month		Name and Address of employer and Nature of Business	Job Title	Main Duties and Responsibilities	Reason for Leaving	Salary & Benefits
From	To					



7. SKILLS, EXPERIENCE AND SPECIAL APTITUDES

The applicant must complete this section in order to clarify skills and experience relevant to this post. You must clearly demonstrate that you meet all essential and desirable criteria in terms of skills and experience. The short-listing panel will not make assumptions. The panel will use the Essential Criteria stated in the personnel specification for short listing purposes. In the event that there is a large response for the position, the panel may also use the desirable criteria for short listing purposes. **Please complete ALL sections**

Essential Criteria & Desirable

Circumstances: Knowledge & Qualifications

Please provide detailed information detailing how you meet this criterion (250 words maximum).

Essential Criteria & Desirable

Experience:

Please provide detailed information detailing how you meet this criterion (300 words maximum).



Essential Criteria & Desirable

Skills & Attitudes:

Please provide detailed information detailing how you meet this criterion (300 words maximum).

LANGUAGES:

Other than English, please state any other languages you speak

Pre-employment vetting procedures

The pre-employment vetting procedures will include the following:

- Your passport and any relevant visa documentation or a document verifying your permanent National Insurance number (e.g.P45, P60 or National Insurance card)
- Proof of qualifications
- Receipt of 2 satisfactory references (References will not be sought until after the final stage of the assessment process)
- Access NI check

Please ensure that you have correctly completed all parts of this application form. A candidate found to have knowingly given false information will be liable to disqualification or if appointed to dismissal.



Counselling All Nations Services (CANS)

Appointment will be made subject to satisfactory references.

REFERENCE NO. 1 (Current or most recent employer)		REFERENCE NO. 2	
Name:		Name:	
Position Held:		Position Held:	
Address:		Address:	
Post Code:		Post Code:	
Email Address:		Email Address:	
Time this referee has known you:		Time this referee has known you:	
How is this referee known to you?		How is this referee known to you?	
If you are short listed, may we contact this referee?		If you are short listed, may we contact this referee?	
YES / NO (delete as appropriate)		YES / NO (delete as appropriate)	

DECLARATION

I declare that all the information provided is true and accurate to the best of my knowledge. I understand that failure to fully complete this form will result in my application not being considered and that any offer of employment may be withdrawn should any of the information above be shown to be false.

SIGNED: _____ **DATE:** _____

The application form should be returned to:

Clinical Co-ordinator

Counselling All Nations Services (CANS)

Concentrix / Olive Tree House

23/29 Fountain Street, Belfast BT1 5EP

Tel: 0759-613-9247

Email: admin@counsellingallnations.org