## **Application Form**

# **Part time Counsellor**

Please complete form in black ink and return to

Kate Scullion,

LENADOON COMMUNITY FORUM,

c/o Lenadoon Community Counselling Service, 1st Floor, 124 STEWARTSTOWN ROAD,

BELFAST, BT11 9JQ

Please complete this form in black. Please complete in block handwriting or in Arial 12 if typing. Please make sure to mark clearly any additional pages. Emailed and scanned copies will not be accepted. All applications <u>must be signed and dated</u>. Late applications will not be accepted.

Closing Date: NO LATER THAN 12 Noon Monda	ay 14th April 2025
Hard copy, <u>signed</u> , completed applications	Lenadoon Community Forum
must be returned to Kate Scullion by <b>12 noon</b>	Kate Scullion
on Monday 14th April 2025. Forms received	Lenadoon Community Counselling Service
after this date and time will not be considered	1 <sup>st</sup> Floor, 124 Stewartstown Road
(please bear this in mind if sending completed	Belfast,
applications by post). We will <u>not</u> accept	BT11 9JQ
emailed applications.	

#### **PERSONAL DETAILS**

Title: Mr/Mrs/Ms/Miss	Full Name:
Address for Correspondence:	
Postcode:	Email Address:
Daytime Telephone No:	Evening Telephone No:

# EDUCATION/QUALIFICATIONS

Subject & Awarding Body (PLEASE USE A SEPARATE SHEET IF NECESSARY. PLEASE INCLUDE YOUR NAME, ADDRESS, DATE AND POST APPLIED FOR)	Level Attained	Grade/Mark Obtained	Year Obtained

## **FURTHER / HIGHER EDUCATION**

	Level Attained		
Subject & Awarding Body	e.g. Certificate,	<b>Grade Obtained</b>	Year
	Diploma, Degree		Obtained
	etc		

# MEMBERSHIP OF/REGISTRATION WITH PROFESSIONAL BODIES

	Membership/Registration	Date Joined/
Name of Professional Body	Number & Level of Membership	Renewal Date (if
		applicable)

## ACCREDITATION WITH PROFESSIONAL BODIES

Name of Professional Body	Accreditation Level/Description	Date achieved

**WORK HISTORY / EXPERIENCE**: Please provide details of <u>any relevant work</u> and experience, commencing with most recent and providing information about any gaps in employment. Please ensure you provide accurate and full details of dates, month and year, **role**, **responsibilities** etc.

Dates (dd/mr	m/yy)	Service Provision / Work / Employment	Details of provided	services	and/or	work	Reason finish	for
From	То							

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## **SUPPLEMENTARY INFORMATION**

Please use this space to provide any additional information you feel may be relevant and appropriate to support your application.				

#### **REFERENCES:**

Please provide the names and full addresses of referees we can contact. They should **not** be family (or extended family) members or friends and must have a comprehensive knowledge of your capability and work experience. We will contact these references prior to employment.

Name:	Name:
Capacity in which you know them:	Capacity in which you know them:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Telephone No.:	Telephone No.:
Please Note:	
We are required by GDPR & the Data Protection Appersonal information that we hold either manu	•

application and any subsequent period of engagement. This form and any additional information you provide in support will be held confidentially for a period of one year if you are unsuccessful.

If you are successful it will be held during the period contract and thereafter for as long as it is necessary to meet regulatory, funding or other legal requirements. During this time we will not disclose its contents to a third party unless we believe it is lawful to do so.

#### **PERSONAL STATEMENT**

I declare that the information I have provided in this application is, to the best of my knowledge, accurate. I understand that the provision of false or misleading information in connection with it or the omission of relevant information may result in rejection at selection stage or instant termination of my employment. I authorise Lenadoon Community Forum to process any personal data given on any part of this form.

Signed:	Date:
Name (in capitals):	