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**APPLICATION FORM**

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| Office use only - Candidate Reference Number: |  |
| **JOB TITLE** | Return to: Links Counselling Service |
| Bank Counsellor - Post primary school | 23a Castle Lane |
|  | Lurgan |
|  | BT67 9BD |
| Area(s) applied for: Armagh/ Newry  Banbridge/ Craigavon  Ballymoney/ Ballymena  Foyle  Mid-Ulster | |

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| **PERSONAL DETAILS** (Please complete using block capitals and black ink) | | | |
| Surname |  | Forename |  |
| Address |  | | |
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|  | | |
|  | Postcode |  |
| Home Tel No |  | Work Tel No |  |
| Mobile No |  | | |
| May we contact you at work? YES 🞐 NO 🞐 | | | |  |
| Email address | | | |
| Where did you see this vacancy advertised? | | | |

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| **CURRENT OR MOST RECENT EMPLOYER** | | | | | | |
| Name |  | | | | | |
| Address |  | | | | | |
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| Postcode |  | | | | Tel No |  |
| Position held and brief outline of duties | | | | | | |
| Date Started |  | | | | Date Left |  |
| Reason for leaving | | | | | | |
| Job Title |  | | | | Salary |  |
| Notice period (if applicable) | | | | | | |
| **PREVIOUS EMPLOYMENT** Please give details of employment (paid or unpaid) over the last 10 years.  **Please give your most recent first** | | | | | | | |
| Name & Address of Employer and nature of business | | | Dates of Employment | | Position Held | | Reason for leaving |
| From | To |
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| **EDUCATION** Please give details of all qualifications obtained, along with grade and date achieved.  **Please give your most recent first** | | | | |
| Level:  Secondary/Further/Higher | Dates | | Course details and exam results | Date Obtained |
| From | To |
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| **PROFESSIONAL QUALIFICATIONS** (Held or working towards) | | | | |
| Professional Body/College/University | Dates | | Course details and exam results | Date Obtained |
| From | To |
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| **SPECIALISED TRAINING OR COURSE ATTENDED** | | | |
| Course Taken | Organised By | Location | Date |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** Please give details of membership or any professional duties | | | |
| Name of Professional Body (e.g. BACP, IACP, BABCP, NCS etc) | Level/type of membership | Registration Details (e.g. Part of Register) | Expiry Date |
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| **SUPPORTING INFORMATION** (Please ensure when completing this section that you demonstrate that you meet the essential criteria) |
| **Detail counselling hours to date -**  **Placement hours:**  **Post qualifying hours:**  **Counselling children and young people hours:** |
| **Tell us about your experience as a counsellor, with specific reference to working with young people aged 11-18:** |
| **Tell us about your knowledge of therapeutic interventions that you use** |
| **Demonstrate a knowledge of mental health issues impacting on young people** |
| **Describe your knowledge and experience of safeguarding and managing risk** |
| **Describe your abilities as a counsellor** |
| **Tell us more about your personal attributes/experiences that help you meet the criteria for this role** |

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| **REFERENCES** Please give details of two referees; one must be your current or most recent Line Manager or School or College. References from family or friends are not acceptable | | | |
| **REFERENCE 1** | | **REFERENCE 2** | |
| Name |  | Name |  |
| Job Title |  | Job Title |  |
| Organisation |  | Organisation |  |
| Address |  | Address |  |
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|  |  |
| Postcode |  | Postcode |  |
| Tel No |  | Tel No |  |
| Email address |  | Email Address |  |

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| **DECLARATION OF CONVICTIONS** |
| **See attached - Declaration and Consent Form** |

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| **Eligibility to Work in the UK** |
| In line with the Asylum & Immigration Act 1996, applicants must be eligible to live and work in the UK without restrictions. Do you have the right to take up employment in the United Kingdom?  YES/NO  Do you require a Work Permit or Workers Registration? YES/ NO  If yes please give details |

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| **DECLARATIONS** Please ensure you sign and date this declaration before returning your application form. |
| **DATA PROTECTION ACT DECLARATION** - The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.  I understand that the information is being used to:   * Process my application for employment/sessional work; * Form the basis of a computerised record on the recruitment system for processing and monitoring purposes; * Form the basis of a manual job file with other application forms and will be used for processing; * If appointed, form the basis of a manual and computerised employment record. |
| I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in dismissal or other disciplinary action if I am appointed.  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please note:**  All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults |