



South East Fermanagh Foundation

Supporting Victims & Survivors, Strengthening Communities

Clinical Coordinator

Application form

April 2025

This form is accompanied by:

CV (with full details of qualifications and previous work experience)

Recruitment Equal Opportunities Monitoring Form (please submit in a separate sealed envelope)

SECTION 1 of 11: Personal details	
Surname:	Forename(s):
Address:	Telephone number:
	Mobile number:
	Email address:

SECTION 2 of 11: Declaration	
To the best of my knowledge and belief the information given in this form is correct. I understand that if I am appointed and this information is inaccurate, I am liable for dismissal.	
Signature:	Date:
Please tell us where you heard about this vacancy:	
<input type="checkbox"/> Internet <input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Newspaper	

SECTION 3 of 11: Abilities and experiences

Having familiarised yourself with the job description and person specification for this role, please give details of your qualifications/experience

1. Please demonstrate that you are 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).

2. Explain your knowledge and experience of managing client risk, and maintaining boundaries and confidentiality appropriately.

3. Provide us with some evidence of your knowledge of ICT including all Microsoft applications, case management software, and the use of various forms of technology (e.g. CoreNet)

4. Explain your knowledge and experience of working with trauma. Please evidence your understanding of a range of issues, and suitable interventions within a community counselling setting, particularly relating your experience to victims of 'The Troubles' in Northern Ireland.

5. Please evidence your experience in monitoring and evaluating clinical outcomes, including conducting clinical assessments, and in matching clients with the correct modality of counselling appropriate to their needs.

6. Tell us about your experience in supervising a team of Health and Wellbeing professionals, either staff, and/or contracted sessional providers.

7. Explain how you have previously established and maintained professional relationships with other statutory/community/voluntary groups.

8. Explain your experience in managing budgets for the successful outcomes of services and funding.

SECTION 4 of 11: Entitlement to work in the UK

In order to comply with the Asylum and Immigrations Act 1996 we are required to ask you to verify your entitlement to work in the UK

Are you legally entitled to work in the UK?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you need a visa or work permit to work in the UK?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If Yes please give details including expiry date and any restrictions:

SECTION 5 of 11: Criminal convictions

Have you ever been convicted of a criminal offence? <i>(Declaration subject to the Rehabilitation of Offenders Act 1974)</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
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If yes please give details:

SECTION 6 of 11: Current salary

Please state your current or most recent salary:

SECTION 7 of 11: References

Please provide below your two most recent employment details. References will only be collected for successful applicants.

Reference 1	Reference 2
Employment dates:	Employment dates:
Company name:	Company name:
Company full address:	Company full address:
Telephone number:	Telephone number:
Email address:	Email address:
Contact name:	Contact name:
Contact job title:	Contact job title:

SECTION 8 of 11 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a ACCESS N.I check

Enhanced Checks only

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? **Yes** **No**

SECTION 9 of 11 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? **Yes** **No**

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? **Yes** **No**

If yes, please give details:

Section 10 of 11 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of day's sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 11 of 11 Driving License/Transport

Do you hold a full, clean and current Driving License or can you demonstrate an ability to access transport which would enable you to perform the role for which you have applied.

Yes **No**

Give details if required:
(NB. Candidates who do not return a completed Equal Opportunities Monitoring Form and CV along with the application will not be considered)

Meanwhile, those selected for interview will normally be notified within one week of the closing date. Unfortunately, applicants who do not hear from SEFF must conclude that their application was unsuccessful on this occasion. Thank you for your interest in this post.

SEFF undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

RETURNING THIS FORM (Closing date: 1pm on Thursday 17th April 2025) along with your monitoring form and current CV.

By email (preferred method) to emma.burton@seff.org.uk (please note the application will need to be signed and scanned)

Or by Hand or Post:
South East Fermanagh Foundation
132 Main Street
Fivemiletown
Co. Tyrone
BT75 0PW

Telephone: 028 677 23884