**Familyworks Application Form**

Application Forms must be returned via email ([recruitment@familyworksni.com](mailto:recruitment@familyworksni.com)). The monitoring form should also be returned as a separate document

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| **Position:** | **Part-time Floating Support – 25 hours per week** |
| **Programme:** | **Schools Counselling Service** |

**PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | Click or tap here to enter text. |  | **Address** | Click or tap here to enter text. |
|  |  |  | **Town** |  |
| **Telephone** | Click or tap here to enter text. |  | Click or tap here to enter text. |
|  |  |  |  |  |
| **Email** | Click or tap here to enter text. |  | **Postcode** | Click or tap here to enter text. |
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**EDUCATION HISTORY**

**Higher Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of University or College**  *e.g. UUJ, QUB* | **Dates Attended**  *e.g. 2008-2009* | **Qualification awarded**  *e.g. Diploma in Counselling* | **Grade/Class/ division**  *e.g. 2.1* | **Year obtained**  *e.g. 2005* |
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**PREVIOUS EMPLOYMENT**

*Please begin with current or last employer and work backwards. Please explain any gaps in employment*

| **Employer & Position held** | **From/To**  *(mm/yy)* | **Duties and Responsibilities** | **Reason for Leaving** |
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| **Any further information:** | Click or tap here to enter text. | | |

**REFERENCES**

Please give details of **two** Referees, one of which should be your last or current employer. These referees may be approached following the interview stage, unless you specify otherwise.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. |  | **Name** | Click or tap here to enter text. |
|  |  |  |  |  |
| **Organisation Name** | |  | **Organisation Name** | |
| Click or tap here to enter text. | |  | Click or tap here to enter text. | |
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| **Email** | Click or tap here to enter text. |  | **Email** | Click or tap here to enter text. |

**ESSENTIAL CRITERIA**

1. Please specify the level and awarding body of your counselling qualification (minimum Level 4 Advanced Diploma in Counselling/Level 7 Scotland), or Masters, or equivalent as regulated by RQF or SCQF or a relevant validating organisation. Tell us the date you completed your training and were awarded the qualification.

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| **Counselling Qualification**  ***e.g. Level 4 Diploma in Counselling from UUJ*** | **Date you were awarded your qualification**  ***E.g. July 2020*** | **Date you began your clinically supervised hours (can include placement)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Please outline your accreditation details below (to be accredited no later than one year after start date with BACP, IACP or NCPS) and your registered member number.

|  |  |  |  |  |
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| **Accrediting body:** | | **Please select the relevant option:** | | **Membership No:** |
| BACP |  | I am fully accredited |  | Click or tap here to enter text. |
| IACP |  |
| NCPS (Professionally accredited) |  | I am not yet fully accredited |  |  |
| **If you aren’t fully accredited, please state when you intend to accredit** | | | Click or tap to enter a date. | |
| **Any other information:** | | | Click or tap here to enter text. | |

1. Using the table below, please outline how you meet the criteria of having at least 100 post qualifying, clinically supervised practice in counselling children and young people up to the age of 18 OR having a minimum of 100 hours post qualifying experience of working with adults and have successfully completed the Level 5 CPCAB Diploma in Counselling Children 7 Young People.

**Counselling Hours**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organisation**  *e.g. Familyworks* | **Dates Attended**  *e.g. 2008-2009* | **No. of counselling hours**  *e.g. 90 hours* | **Age group**  *e.g. 13-16 year old* |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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|  |  | **Total Counselling Hours** | Click or tap here to enter text. |

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| **Have you completed the Level 5 CPCAB Diploma in Counselling Children 7 Young People?** |
| Yes |
| No |

1. Please outline if you have any experience counselling children in schools, including children with educational needs and how you have used a variety of inclusive, verbal and non-verbal communication methods in a counselling relationship.

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**ELIGIBILITY TO WORK IN THE UK**

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| Are you eligible to work in the UK?: YES  NO  You will be required to provide documentation to support this claim under the Immigration, Asylum and Nationality Act 2006) if offered the post. |

**ENHANCED ACCESS NI CHECK INFORMATION**

Northdown Enterprises Ltd works with children, young people and vulnerable adults, therefore all employees must declare criminal offences (whether or not they are spent) and are subject to an Enhanced Access NI check. Access NI has a Code of Practice which is available to all applicants upon request. You are not necessarily prohibited from working for Familyworks if you have a criminal conviction. Our policy on the recruitment of ex-offenders is available in our office, along with our policy on the handling, storage and disposal of applicant information.

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| Have you ever been convicted by a court of a criminal offence?  YES  NO  If yes, please give details including dates and court where convicted  Are you subject to any current or outstanding disciplinary procedures or legal action? YES  NO  If yes, please give details  Subject to the provision of the Safeguarding Vulnerable Groups (NI) Order 2007, I am obliged to ask you if there is any reason why you would not be suitable to work with children or young people in regulated activity?  YES  NO |

**DECLARATION**

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| **DECLARATION**  I declare that the information set forth in this application form is, to the best of my knowledge, true and complete.  I hereby give written consent that Northdown Enterprises Ltd may carry out an Enhanced Access NI Check  Note: Your digital signature will be used to prove your understanding and acceptance to this declaration  Signature: Click or tap here to enter text.  Date: Click or tap to enter a date. |