**Application for Training**

**Private & Confidential**

Please complete fully in **black** ink and **block** capitals. Incomplete application forms will be rejected at short-listing stage. **N.B. As part of the application process, the successful candidate/s will be required to complete Access NI Security Clearance before commencing employment. Relate NI adheres to Access NI’s Code of Practice which can be located at:** [**https://www.nidirect.gov.uk/publications/accessni-code-practice**](https://www.nidirect.gov.uk/publications/accessni-code-practice)

**Access NI’s Privacy Notice is located at:**

[**https://www.justice-ni.gov.uk/publications/ani-privacy**](https://www.justice-ni.gov.uk/publications/ani-privacy)

We adhere to a Secure Handling of Access NI applications policy which is available to you at your request.

Relate NI’s Recruitment of Ex-Offenders policy is available at your request.

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| --- | --- | --- | --- |
| **Reference No:** | **LEVEL5/OCT24** | **Closing Date:** | **5pm, 23rd August 2024** |

#### **PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Mr / Mrs / Miss / Ms/ DrPlease delete as appropriate | First Names: | Surname (Block Letters): |
| Home Address: Telephone Number(s) : Email:  |

##### **EDUCATION**

|  |  |  |
| --- | --- | --- |
| **Dates** | **Further Education Attended** | **Results Achieved** |
| **From** | **To** |
|  |  |  |  |

**TRAINING, DEVELOPMENT AND ACCREDITATION RELEVANT TO COUNSELLING**

|  |
| --- |
| **Please detail any training/development courses which you believe are relevant to this post and details of qualifications/accreditation acquired within the last 3 years.** |
| **Title of Course** | **Dates attended** | **Details of course** | **Accreditation (if any)** | **Registration Number (if applicable)** |
|  |  |  |  |  |

CONTINUING PROFESSIONAL DEVELOPMENT REVELANT TO COUNSELLING WITHIN THE PAST 3 YEARS

|  |
| --- |
|  |
| **SUPERVISED COUNSELLING EXPERIENCE** Please use appendix A to provide details of your supervised counselling experience over the past two years i.e. since April 2020Show the **actual hours** you worked face to face with clients excluding – assessment interviews, cancelled or missed appointments, sessions not attended by the client, training or supervision.Your supervised practice must be with a **qualified supervisor** and the name and qualifications of the supervisor must be included. |

**References**

Please give the names of two referees, one of whom must be your current or most recent employer and the other should be your clinical supervisor.

|  |  |
| --- | --- |
| Name :Address :Tel. No. :Email:Occupation : | Name :Address :Tel. No. :Email:Occupation : |

A candidate found to have knowingly given false information or to have wilfully suppressed any material fact will be liable to disqualification, or, if appointed, to dismissal.

Privacy Notice

The data contained in this application form will only be used for the purpose of progressing this application for employment. The sensitive personal data on the attached monitoring form will only be used to comply with the requirement of statutory legislation.

The company will not share any of the information provided in your application with any third parties for marketing purposes or store any of your information outside the European Economic Area. The information you provide will be held securely by us and/or our data processors whether the information is in electronic or physical format.

We will use the contact details you provide to contact you to progress your application. We will use the other information you provide to assess your suitability for the role you have applied for. You do not have to provide what we ask for but it might affect your application if you don’t.

We do not collect more information than we need to fulfil our stated purposes and will not retain it for longer than is necessary.

Signature of applicant: Date:

**CANVASSING WILL DISQUALIFY**

Relate NI is committed to diversity and equality of opportunity and welcomes applications from all sections of the community

SAFEGUARDING

Have you ever been convicted of a criminal offence, other than a spent conviction, under the **Rehabilitation of Offenders Act 1974?** **YES/NO**

If yes, please give details below:

|  |
| --- |
|  |

THE DISABILITY DISCRIMINATION ACT/HEALTH QUESTIONNAIRE

|  |
| --- |
| 1. Do you have any health/medical/wellbeing issues that may impact on your ability to undertake this training program **YES/NO**

 If you have answered yes, please describe:   -------------------------------------------------------------------------------------------------------------------------- -------------------------------------------------------------------------------------------------------------------------- --------------------------------------------------------------------------------------------------------------------------1. What adjustments if any would need to be put in place to assist you in carrying out this course if accepted?
2. Would any adjustments need to be made to the interview process to assist you in your application?

 **YES/NO** If yes, please provide details: ------------------------------------------------------------------------------------------------------------------------- ------------------------------------------------------------------------------------------------------------------------- ------------------------------------------------------------------------------------------------------------------------- |

DISCLAIMER

By completing this form, you are agreeing to the following:

A candidate found to have knowingly given false or misleading information or to have wilfully suppressed any material fact will be liable to disqualification.

Privacy Notice

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We do not collect more information than we need to fulfil our stated purposes and will not retain it for longer than is necessary.

**Signature of applicant: Date :**

**PLEASE ENCLOSE WITH THIS APPLICATION**

1. **Complete all sections of the application form**
2. **Recommendation letter from your supervisor**
3. **Copies of relevant counselling qualification(s)**
4. **Equal Opportunities Monitoring Form**

***NOTE:***

***ALL APPLICATIONS RECEIVED WILL BE ASSESSED AND SUITABLE CANDIDATES WILL BE CONTACTED FOR INTERVIEW.***

***CANDIDATES SELECTED FOR INTERVIEW MUST BRING ALONG PROFF OF IDENTITY AND ADDRESS.***

***INTERVIEWS WILL TAKE PLACE BY APPOINTMENT ON THE WEEK COMMENCING 2ND SEPTEMBER 2024***

Completed Applications to be returned to:

Jess Crisp

Senior Scheduler

 Relate NI,

3 Glengall Street, Belfast,

BT12 5AB

or jesscrisp@relateni.org

**Appendix A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year & No. of months counselling occurred** | **Client hours****(only include hours worked)** | **Nature & Setting of Counselling Work** | **Individual/equivalent Supervision hours** | **Supervisor Details (name/address & qualifications)** |
| **Per month** | **Total per year** | **Per month** | **Per year** |
| **August 2023 – present** |  |  |  |  |  |  |
| **August 2022- August 2023** |  |  |  |  |  |  |
| **August 2021 – August 2022** |  |  |  |  |  |  |
| **August 2020 – August 2021** |  |  |  |  |  |  |

***For Office Use Only***

|  |  |
| --- | --- |
| **Job Reference No** |  |
| **Applicant Reference**  |  |
| **Date Received** |  |

**CRIMINAL CONVICTIONS**

Have you ever been convicted of a criminal offence or cautioned, reprimanded or given a final warning by the police (‘spent’ or ‘unspent’) or are there any charges outstanding?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

|  |
| --- |
| *If so, please give full details as this position is subject to an enhanced Access NI Check and all convictions are required to be declared.*  |