



SEFF
SOUTH EAST FERMANAGH
FOUNDATION

VSS
Victims & Survivors Service

bacp
collective mark

**Accredited
Service**

South East Fermanagh Foundation

Supporting Victims & Survivors, Strengthening Communities

Counsellors, Therapists (subcontracted)

Application form

November 2023

This form is accompanied by:

1. ☐ CV (with full details of qualifications and previous work experience)
2. ☐ Recruitment Equal Opportunities Monitoring Form (please submit in a separate sealed envelope or via email)
3. ☐ Copies of relevant certificates (Qualifications, Accreditation/Membership, Child/Vulnerable Adult, Aggression/Violent client training certificates)

SECTION 1 of 9: Personal details

Surname:	Forename(s):
Address:	Telephone number:
	Mobile number:
	Email address:

SECTION 2 of 9: 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:
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Please tell us where you heard about this vacancy:

- ☐ Internet ☐ Other (please specify)
- ☐ Website

SECTION 3 of 9: Abilities and experiences

Clearly demonstrate how you have a Level 5 Diploma or Foundation Degree in counselling.
This is the minimum qualification and experience that counsellors providing the service must have before beginning work.

(Please attach all relevant certificates to this application form)

- 1. Counsellors/Therapists must be registered as a member of BACP/IACP/UKCP or an equivalent relevant professional body. Counsellors should be accredited or working towards accreditation (to be completed within 12 months of commencement with SEFF).**
- 2. Counsellors should have a minimum of 300 hours of supervised practice with a minimum of 1-year post-qualification experience.**

Please clearly demonstrate how you meet the above criteria, including your membership number(s), accreditation renewal or proposal accreditation submission date:

Please confirm the arrangements you have in place for Clinical Supervision, including the details of your current clinical supervisor.

Please confirm the various counselling modalities you practice, eg CBT, EMDR, Integrative, Family/Systemic practice or therapy, Psychodynamic, Person-centred, Gestalt, Online/teletherapy, Equine therapy etc.

State clearly if you have or do not have a certificate with 80hours minimum training in online/teletherapy.

State clearly if you can offer Face to Face therapy/counselling, and the locations you can offer this.
(eg. Strabane, Ballymena, Belfast, Omagh etc)

Please explain any previous experience you have in the use of online CoreNet as a monitoring tool in measuring clinical impact. (If a Counsellor does not have previous experience, please indicate that you will be willing to undertake training in this area).

Please confirm that you have attended Child Protection training in the past 3 years OR are willing to attend this training within the next 3 months.

Please confirm that you have attended Vulnerable adults training in the past 3 years OR are willing to attend this training within the next 3 months.

Please confirm that you have attended Aggressive/Violent clients training in the past 5 years OR are willing to attend this training within the next 3 months.

SECTION 4 of 9: Entitlement to work in the UK

To comply with the Asylum and Immigration 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? ☐ yes ☐ no

Do you need a visa or work permit to work in the UK? ☐ yes ☐ no

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

SECTION 5 of 9: Criminal convictions

Have you ever been convicted of a criminal offence? (*Declaration subject to the Rehabilitation of Offenders Act 1974*) ☐ yes ☐ no

If yes, please give details:

SECTION 6 of 9: References

Please provide two people, neither of whom is an immediate relative, whom we can contact for a character and/or job reference: at least one reference should be your clinical supervisor.

Reference 1	Reference 2
Name:	Name:
Job role:	Job role:
Address:	Address:
Telephone number:	Telephone number:
Email address:	Email address:

SECTION 7 of 9: Protecting Children and Vulnerable Adults.

This post requires an enhanced ACCESS NI check; if you are shortlisted and are to be added to our approved counsellor/therapist list, will you consent to an enhanced Access NI check?

Yes ☐ No ☐

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 8 of 9 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 with a physical or mental impairment that has substantial and adverse long-term effects on their 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.

Section 9 of 9 Driving License/Transport.

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

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)

Post shortlisting applications received, we will invite successful applicants to a pre-appointment meeting.

SEFF 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 or that we obtain in accordance with the requirements of the Data Protection Act 1998.

ADDITIONAL TERMS:

Please note that SEFF pays a flat rate of £35 per session and £17.50 per DNA session (restrictions & limitations apply). SEFF may also contribute towards clinical supervision costs on a pro-rata/client attendance basis. Counsellors are responsible for costs associated with their own insurance (£5M minimum), travel, tax and other related costs/contributions.

Counsellors/Therapists may be added to SEFF's approved Counsellor/Therapist list. Allocation of client work is not guaranteed. The clinical team considers client/Therapist preferences, availability, location(s), and modalities. All clinical paperwork & data entry is to be completed on the same day of scheduled appointments. Invoices should be submitted on or before the 1st day of each month.

RETURNING THIS FORM

Closing date: Noon on Wednesday 29th November 2023.

By Hand or Post to:

Mervyn Reid
Clinical Lead
South East Fermanagh Foundation
1 Manderwood Park,
1 Nutfield Road,
Lisnaskea.
County Fermanagh.
BT92 0FP
Telephone: 028 677 23884

or by email to: Mervyn.reid@seff.org.uk

Please note that by the deadline, we will require you to have submitted either a hard copy signature or an electronic signature. Incomplete or applications submitted after the closing date and time highlighted above will be disqualified.