SEFF Application Form

Clinical Lead - August 2026

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: ☐ **Internet** ☐ **Other (please specify)** ☐ **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

For SEFF use only
Applicant: _____

1. **Please demonstrate that you are a registered and accredited member of BACP, with at least 3 years' post qualification experience in leading a team in the delivery of therapeutic services, ensuring timely and effective responses to client need.**

2. **Please provide examples of your experience in the Line Management of a clinical team such as; Counsellors, Life Coaches, and health practitioners including the management supervision, and annual appraisal process.**

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Applicant: _____

3. **Please provide us with evidence of your experience in undertaking Clinical Assessments, including for complex cases where the client needs to be referred to a psychologist, or psychiatrist.**

   Please also evidence where you have effectively matched clients with counsellors of an appropriate modality.

4. **Please evidence your knowledge and experience of working with individuals who have experienced high levels of trauma.**

For SEFF use only
Applicant: _____

5. **Please tell us about your experience in building and maintaining professional relationships with other statutory community/ voluntary groups.**

6. **Tell us about your ability to maintain effective and detailed client records, citing where appropriate your experience in storing client information digitally, utilising a case management software system.**

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7. **Knowledge and understanding of a range of presenting issues and suitable interventions within a counselling setting.**

8. **Tell us about your Line Management experience, within an organisation, and how you have previously managed a team to successful outcomes.**

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9. Please give us details of your experience in robustly auditing a clinical service, to ensure CPD, GDPR, insurance, accreditation, appropriate certification, and memberships are current and within legislation for service provision.

10. Please share your knowledge and experience of managing client risk and maintaining boundaries and confidentiality appropriately.

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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?	☐ **yes**	☐ **no**
Do you need a visa or work permit to work in the UK?	☐ **yes**	☐ **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? *(Declaration subject to the Rehabilitation of Offenders Act 1974)*	☐ **yes**	☐ **no**

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:

For SEFF use only
Applicant: _____

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 protests 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: ……...

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Applicant: _____

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

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 Tuesday 11th August 2026).

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

Please email your equality monitoring form separately to: monitoring@seff.org.uk

If you have any queries relating to this application form please call Emma - 028 677 23884 (option 1).