 

**Tender Application**

**Psychotherapists / Counselling Psychologists**

Please type the application. Incomplete/illegible applications will not be accepted.

Candidates will be short listed for interview on the basis of information supplied on their applications. This application form, when completed, should be returned to:

Email: [sineadn@limerickyouthservice.org](mailto:sineadn@limerickyouthservice.org)

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| **Personal Information** | | |
| Name of Organisation/ Individual in Full: | | |
| Address: | | |
| Phone: | | |
| Email Address: | | |
| Tax Clearance number: | | |
| Website Address: (if applicable) | | |
| Insurance: | | |
| **Employment Information** | | |
| Have you previously applied to or been employed by this organisation? | Yes | No |
| If yes, please give details. |  |  |
| Do you hold a current full driving licence |  |  |

Please start with your most recent employment history. Include any period of unemployment. No period should be left unaccounted. If necessary, continue on a separate sheet.

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| **Employment Information (cont’d)** |

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| **Dates** | | **Employers Name & Address** | **Position Held and Brief List of Duties and Responsibilities** | **Reason for Leaving/Salary** |
| **From** | **To** |
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| **Education Record** |
| **Second Level:** |

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| **Dates** | | **School/ College**  **Attended** | **Examinations Taken** | **Year** | **Results/Grades Obtained** |
| **From** | **To** |
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| **Third Level:** |

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| **Dates** | | **School, College, University** | **Course Name /Awarding Body** | **Year**  **Obtained.** | **Results/Grades Obtained/Other Distinctions** |
| **From** | **To** |
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| **Professional / Occupational Training/ Courses Attended** (Most recent training first) |

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| **Dates** | | **College, Institute, or Employer** | **Name of Training Course completed** | **Year of Award** | **Qualifications Obtained/Awarding Body** |
| **From** | **To** |
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| **Work Experience**  (Describe your experience and expertise of the following in the course of your work to date) |
| **Working with Adolescents aged 14-25**. (in particular CBT) |
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| **Crisis intervention and bereavement counselling.** |
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| **Describe how you would approach Life Skills Training** |
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| **Interagency work:** Please provide details of collaborating with other agencies /stakeholders/families etc. |
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| **Team Working:** Please provide an example of your ability to work with and engage effectively in a multi-disciplinary team environment. |
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| **Any Other Information That May Help in Assessing Your Application:** e.g. any other attributes you may have for this position or any other particulars you wish to include relating to occupation |
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| **Availability:** Please provide a detailed breakdown of availability below |

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| Days of Availability | | |  |  |  |  |  |  |  |
| No of Sessions per Week | | |  |  |  | | | | |
|  |  |  |  |  |  | | | | |
| Time Allocated to each Session | | | |  |  | | | | |
|  |  |  |  |  |  | | | | |
| Maximum hours that can be worked per week | | | | |  | | | | |
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| Any hours or days that cannot be worked. | | | | |  | | | | |
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| **References**  (Please give names and addresses of two persons, that we may contact other than persons related to you, who  can give a reference for previous employment) | |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Phone:** | **Phone:** |
| **Email:** | **Email:** |
| **Occupation:** | **Occupation:** |

**Closing date for receipt of applications** **is Friday 12th February 2021 by 6pm**

Applications received after this date will only be accepted on the basis of a Certificate of posting showing that the application was posted in time before the closing date.

**Data Protection Clause:**

All personal information provided on this application form will be stored securely by the organisation and will be used for the purposes of the recruitment process. Application forms will be retained for a minimum of 12 months in the case of unsuccessful applicants and in the case of a successful candidate for the duration of their employment and for a minimum of two years thereafter. This information will not be disclosed to any third party without your consent except where necessary to comply with statutory requirements. Internally your information will be kept confidential and only made available as necessary. You may at any time make a request for access to the personal information held about you. Should you wish to make any changes in relation to the information stored about you, please contact the HR Department.

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| **Declaration:** |

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| I hereby certify that all statements given by me on this application are true and correct without omission  and that any mis-statements given may disqualify my application or in the event of my obtaining  employment may result in disciplinary action up to and including dismissal. I also fully recognise that  canvassing will disqualify my application. |

Are there any current/ previous personal, employment or background reasons that may be recognised now or at a later stage as deeming you unsuitable to work with children and/or young people? If yes please state your reason(s) below.

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**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

