**Student Application Form**

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| **Candidate Reference Number:** | | | | | **Return to:** | | | | | | |
| SP24 | | | | | Links Counselling Service  23a Castle Lane, Lurgan, BT67 9BD  Email: [nicole@linkscounselling.com](mailto:nicole@linkscounselling.com) | | | | | | |
| **JOB TITLE** | | | | |
| Student Placement | | | | |
| **PERSONAL DETAILS** *(Please complete using block capitals and black ink)* | | | | | | | | | | | |
| Surname | |  | | | | | Forename(s) | | |  | |
| Address | | Postcode: | | | | | Home Tel No  Mobile  Work Tel No | | |  | |
| Email address | |  | | | | | | | | | |
| How did you hear about Links? | |  | | | | | | | | | |
| Counselling Course undertaken: | |  | | | | | | Location: | |  | |
| Course Tutor: | |  | | | | | | Contact Details: | |  | |
| Placement Start Date: | |  | | | | | | Personal Therapy Hours Completed: | |  | |
| **EDUCATION** *(Please give details of qualifications obtained, along with grade and date achieved)*  ***Please give your most recent first*** | | | | | | | | | | | |
| Level: Secondary/Further/  Higher | | Dates: | | | | | Course details and exam results: | | | Date obtained: | |
| From | | To | | |
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| **PROFESSIONAL QUALIFICATIONS** *(Held or working towards)*  ***Please give your most recent first*** | | | | | | | | | | | |
| Professional Body/College/University: | | Dates: | | | | | Course details and exam results: | | | Date obtained: | |
| From | | To | | |
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| **RELEVANT SPECIALISED TRAINING OR COURSES ATTENDED**  ***Please give your most recent first*** | | | | | | | | | | | |
| Course Taken: | | Organised by: | | | | | Location: | | | Date: | |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** *(Please give details of membership)* | | | | | | | | | | | |
| Name of Professional Body (e.g. BACP, IACP, BABCP, NCS): | | Level/type of membership: | | | | | Registration details (e.g. Part of Register): | | | Expiry date: | |
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| **SUPPORTING INFORMATION** | | | | | | | | | | | |
| **Tell us why you are training to be a counsellor:** | | | | | | | | | | | |
| **Tell us why you are choosing Links Counselling Service for your placement:** | | | | | | | | | | | |
| **Can you tell us about your personal attributes/experiences that help you as a counsellor?** | | | | | | | | | | | |
| **What are your expectations for your student placement and what do you think some the challenges may be?** | | | | | | | | | | | |
| **PREFERRED LOCATION** | | | | | | | | | | | |
| Lurgan | Lisburn | | Armagh | | | Tandragee | | | Cookstown | | Coleraine |
| Ballyclare | Carrickfergus | | Ballymena | | |  | | |  | |  |
| **REFERENCES** *(Please give us details of two referees; one must be your current or most recent Line Manager or School or College co-ordinator. Reference from family or friends are not acceptable)* | | | | | | | | | | | |
| **REFERENCE 1** | | | | | | **REFERENCE 2** | | | | | |
| Name |  | | | | | Name | | |  | | |
| Organisation |  | | | | | Organisation | | |  | | |
| Address | Postcode: | | | | | Address | | | Postcode: | | |
| Tel no |  | | | | | Tel no | | |  | | |
| Email |  | | | | | Email | | |  | | |
| **DECLARATIONS** (*Please ensure you sign and date this declaration before returning your application form)* | | | | | | | | | | | |
| **DATA PROTECTION ACT DECLARATION**  The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.  I understand that the information is being used to:   * Process my application for placement. * Form the basis of a computerised record on the recruitment system for processing and monitoring purposes. * Form the basis of a manual job file with other application forms and will be used for processing. * If appointed, form the basis of a manual and computerised placement record. | | | | | | | | | | | |
| I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in dismissal or other disciplinary action. | | | | | | | | | | | |
| Signature: | | | | | | Date: | | | | | |
| **Please note:**  All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults. | | | | | | | | | | | |

**DECLARATION AND CONSENT**

Declaration and Consent falls within the position of an ‘excepted’ position under The Rehabilitation of Offenders (Exceptions) Order (NI) 1979. This means that you must tell us about all offences and convictions, including those considered ‘spent’.

If you have received a formal caution or are currently facing prosecution for a criminal offence you should also bring this to our attention given the “excepted” nature of the role. If you leave anything out it may affect your application.

This information **will** be verified through an Access NI **Enhanced Disclosure Check (EDC)** if you are considered to be the preferred candidate and are being offered the position. The EDC will tell us about your criminal record history (and, if the post is regulated activity, if your name has been included on a Barred List). It is to make sure that individuals who are considered a risk to vulnerable adults and/or children are not appointed.

The information received will be treated confidentially and will be assessed alongside normal selection criteria to determine suitability for the position. A separate meeting will be held with you if clarification is required to discuss any issues around your disclosure before a final decision is reached. After the decision has been made the information will be destroyed.

Please complete the attached form and return it with your application. The form also asks you to give your written consent to the Access NI Check and to agree to further enquiries being made relevant to the declaration, which will only be obtained if you are the preferred candidate. If you do not consent we will not accept your application.

Applicants can also submit a separate statement of disclosure if they wish. This may include details such as the particular circumstances around the conviction(s); how circumstances may have changed; and what has been learnt from the experience. Applicants can contact the Northern Ireland Association for the Care and Rehabilitation of Offenders (NIACRO) for more information.

**Declaration of Criminal Convictions, Cautions,**

**and Bind-Over Orders**

**In Confidence**

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| **Have you been barred from working with vulnerable adults and therefore had your name placed on a Barred List?**  **YES** 🞐 **NO** 🞐 | |
| If yes, give please give details | |
| **Do you have any prosecutions pending?**  **YES** 🞐 **NO** 🞐 | |
| If yes, give please give details | |
| **Have you ever been convicted at a court or**  **cautioned by the police for any offence?**  **YES** 🞐 **NO** 🞐 | |
|  | |
| If yes, please list below details of **all** convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter. | |
| **Declaration of Abuse Investigation(s)**  Have you ever been the subject of an Adult or Child Abuse investigation which alleged that you were the perpetrator of any adult or child abuse?  **YES** 🞐 **NO** 🞐 |
| If yes, please list full details below including the name of police unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s. |
| **Declaration and Consent**  I declare that the information I have given is complete and accurate. I understand that I will be asked to complete an Access NI Disclosure Certificate Application Form if I am considered to be the preferred candidate. I consent to the appropriate Access NI check being made and I agree to enquiries relevant to this declaration. |
| Signed: Date: |
| Print Name: |
| Any surname previously known by: |
| Position applied for: |