**Stop.Breathe.Think Triage & Assessment Counsellor Application Form**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Email Address |  |
| Phone Number |  |
| Alternative Phone |  |

**EMPLOYMENT ELIGIBILITY**

|  |  |
| --- | --- |
| Eligible to Work in the UK | ☐ Yes ☐ No |
| Have you lived outside of the UK for longer than 6 months? | ☐ Yes ☐ No  If yes, please provide details below:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**EDUCATION & QUALIFICATIONS**

|  |  |
| --- | --- |
| Highest Counselling/Psychotherapy Qualification |  |
| Awarding Body |  |
| Year Completed |  |
| Additional Relevant Qualifications |  |

**PROFESSIONAL MEMBERSHIPS**

|  |  |
| --- | --- |
| BACP | ☐ |
| UKCP | ☐ |
| NCS | ☐ |
| Other | ☐ |
| Registration Number |  |
| Accreditation Status | ☐ Accredited ☐ Working towards ☐ Not applicable |
| Expected Completion Date (if applicable) |  |

**EXPERIENCE WITH YOUNG PEOPLE**

|  |  |
| --- | --- |
| Years of Experience | ☐ <1 ☐ 1–2 ☐ 3–5 ☐ 6–10 ☐ 10+ |
| Psychosocial Assessment & Triage Experience |  |
| Risk Assessment Experience |  |
| Virtual Therapy Experience |  |

**THERAPEUTIC APPROACH**

|  |  |
| --- | --- |
| Primary Therapeutic Models |  |
| Experience with Brief Intervention (brief solution focused therapy) |  |

**EXPERIENCE WITH DIVERSE POPULATIONS**

|  |  |
| --- | --- |
| Neurodivergent/autistic young people | ☐ |
| LGBTQIA+ young people | ☐ |
| Trauma survivors | ☐ |
| Culturally diverse communities | ☐ |
| Looked after children | ☐ |
| Young people with disabilities | ☐ |
| Other |  |

**EMPLOYMENT HISTORY**

|  |  |
| --- | --- |
| Most Recent Job Title |  |
| Organisation |  |
| Start Date |  |
| End Date |  |
| Responsibilities |  |
| Reason for Leaving |  |

|  |  |
| --- | --- |
| Job Title |  |
| Organisation |  |
| Start Date |  |
| End Date |  |
| Responsibilities |  |
| Reason for Leaving |  |

|  |  |
| --- | --- |
| Job Title |  |
| Organisation |  |
| Start Date |  |
| End Date |  |
| Responsibilities |  |
| Reason for Leaving |  |

|  |  |
| --- | --- |
| Job Title |  |
| Organisation |  |
| Start Date |  |
| End Date |  |
| Responsibilities |  |
| Reason for Leaving |  |

|  |  |
| --- | --- |
| Job Title |  |
| Organisation |  |
| Start Date |  |
| End Date |  |
| Responsibilities |  |
| Reason for Leaving |  |

**AVAILABILITY**

|  |  |
| --- | --- |
| Available Days | ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri |
| Available Hours | ☐ 9.00am-11.00am  ☐ 12.00pm-2.00pm  ☐ 3.00pm-5.00pm  ☐ 6.00pm-7.00pm (Mon-Thurs only) |
| What is your current notice period? (if applicable) |  |

**MOTIVATION & COMMITMENT: Please answer the below in no more than 250 words per question.**

|  |  |
| --- | --- |
| 1. Tell us why do you want to work for Stop.Breathe.Think? |  |
| 1. Tell us about your key qualities & competencies and how you meet the requirements for this role |  |
| 1. Explain your understanding of best practices in relation to effective Safeguarding, specifically when working with Children and Young people |  |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Other Relevant Information |  |

**REFERENCE 1 (Clinical Supervisor)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Email |  |
| Phone |  |
| Relationship |  |

**REFERENCE 2 (Professional)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Email |  |
| Phone |  |
| Relationship |  |

**DECLARATIONS**

|  |  |
| --- | --- |
| Data Consent | ☐ |
| Accuracy Declaration | ☐ |
| Eligibility Declaration | ☐ |
| Safeguarding Declaration | ☐ |
| Criminal Conviction Declaration | ☐ |
| Applicant Signature |  |
| Print Name |  |
| Date |  |

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Application Received |  |
| Received By |  |
| Initial Review |  |
| Shortlisted | ☐ Yes ☐ No |
| Interview Date |  |
| Interview Panel |  |
| Decision | ☐ Successful ☐ Unsuccessful |
| Notes |  |