



## *COMPLETING THE APPLICATION FORM GUIDANCE NOTES*

Please read these notes carefully before completing your application form

### **Post Details**

Please note carefully the closing date and time for returning completed application forms, as any forms received after this date and time will not be considered. Please also retain the original formatting and layout of the application form and monitoring form when completing your application.

### **Personal Details**

Please ensure that you give us your full, and most up to date address for correspondence and a telephone number where you can be reached easily to allow us to contact you at short notice if required.

### **Special Requirements**

Ely wishes to provide any assistance necessary to people with disabilities to ensure equity of opportunity at interview. To ensure this happens it is vital that you answer the relevant questions in this section of the application form. For guidance purposes, a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities. Physical or mental impairment includes sensory impairments. Hidden impairments are also covered, for example, mental ill health, learning disabilities, hearing impairment, diabetes or epilepsy.

### **References**

Referees must not be family members or friends and one must be your current/most recent employer who has knowledge of your current/most recent work. If you are not giving a current/recent employer you should attach an explanation of why this is the case, for consideration by the panel. References are only requested after the panel makes the selection decision and before a written offer of engagement is made. We will take up references in writing and will also contact your referees verbally. Ely reserves the right to ask for your consent to contact any relevant previous employers.

### **Possession of a Criminal Record**

With some exceptions having a criminal record does not necessarily debar an individual from working with us. This will depend on the nature of the position sought and the circumstances and background of the offence. If you have declared a criminal record, which we believe is relevant to the post we will discuss this with you after the selection process is complete but prior to making a conditional offer of employment if you are the successful candidate.

### **Education/Qualifications**

It is important that you read the Person Specification and provide all the information requested. If there is a requirement for a post graduate qualification and you are unsure

of the CAT points awarded for the specific qualification you obtained, please contact the awarding body and check before submitting your application.

If the criteria ask for evidence of membership of a professional body you should give the full name of the body, your membership number and the level of your membership e.g. affiliate, graduate, fellow etc.

### **Present Employment and Work History**

It is vital that you are accurate in your completion of this section, as this information will be used at short listing to determine whether the length and relevance of your experience meets any criteria specified as essential. It is important that you demonstrate how you meet the criteria using additional pages if necessary. If you have any gaps in employment you must account for these and any periods of unpaid work should also be included.

### **Additional Relevant Information**

This section of the application form should be used to provide information about any relevant training attended and to enlarge on particular experience/knowledge/skill that is not accounted for elsewhere on the application form. You should use the content of the job description and person specification for guidance.

### **Equal Opportunities Monitoring Form**

Provision of this information is a statutory requirement and used to assist Ely in monitoring the effectiveness of its Recruitment & Selection Policy & Procedures. It will not be seen by the Selection Panel. Should you wish to detach the Monitoring Form and submit it in a separate envelope you may do so. Please address it to The Monitoring Officer.



**IN CONFIDENCE**  
**APPLICATION FORM**

Please complete ALL sections of this application using TYPE or BLACK INK ONLY. C.Vs will not be accepted as an alternative to completing this form.

**POST DETAILS**

Position Applied For: Sessional Family Counsellor / Systemic Practitioner	Application Ref No: ELY/FC/MAY22
Location: Ely Offices	
Closing Date: 07/06/2022	
Closing Time: 1.00 pm	
Completed application forms should be emailed to <a href="mailto:anne@elycentre.co.uk">anne@elycentre.co.uk</a> by the above closing date and time. Applications received after this date and time will not be considered.	Mrs Anne Moore Ely Centre 7-11b Fairgreen Road Markethill, Co Armagh BT60 1PW

**PERSONAL DETAILS**

<b>Title: Mr/Mrs/Ms/Miss</b> Mr	<b>Full Name:</b>
<b>Address for Correspondence:</b>	
<b>Postcode:</b>	<b>Email Address:</b>
<b>Daytime Telephone No:</b>	<b>Evening Telephone No:</b>
<b>Nationality (EU/Non-EU):</b>	Choose an item.
If Non-EU, do you hold a working visa?	Choose an item.

## SECONDARY EDUCATION/QUALIFICATIONS

<b>Subject &amp; Awarding Body</b> (please name institute)	<b>Level Attained</b> e.g. Leaving Cert./ 'O'/GCSE/A/ AS/NVQ etc	<b>Grade/Mark Obtained</b>	<b>Year Obtained</b>
			Choose an item.

## INFORMATION TECHNOLOGY/SECRETARIAL QUALIFICATIONS

<b>Subject &amp; Awarding Body</b>	<b>Level Attained</b>	<b>Grade Obtained</b>	<b>Year Obtained</b>
			Choose an item.
			Choose an item.

**UNIVERSITY/HIGHER EDUCATION**

<b>Subject &amp; Awarding Body</b> (please name institute)	<b>Level Attained</b> e.g. Certificate, Diploma, Degree etc	<b>Grade</b> <b>Obtained</b>	<b>Year</b> <b>Obtained</b>
	Choose an item.		Choose an item.

**MEMBERSHIP OF/REGISTRATION WITH PROFESSIONAL BODIES**

<b>Name of Professional Body</b> (e.g. NISCC, CIPD, CIMA, BACP etc)	<b>Membership/Registration</b> <b>Number &amp; Level of</b> <b>Membership</b>	<b>Date Joined/</b> <b>Renewal Date</b> (if applicable)
		Click here to enter a date.

**DETAILS OF PRESENT EMPLOYMENT**

Job Title:	Present Basic Salary:
Employers Name & Address:	Notice Period
	From:
	To:
Summary of Key Responsibilities:	

**DETAILS OF PREVIOUS EMPLOYMENT HISTORY (*Starting with immediate previous and working backwards*)**

Please provide details of all the positions (paid or unpaid/voluntary) you have held accounting for any gaps in your employment history. Please ensure you provide full details of dates, month and year as this is relevant information required for short listing purposes.

Dates (dd/mm/yy)		Job Title & Employer	Summary of Duties	Final Salary & Reason for Leaving
From	To			
Click here to enter a date.	Click here to enter a date.			

## **RELEVANT INFORMATION TO THIS POST**

Using the Person Specification, please demonstrate how your skills, experience and abilities relate to this post and how you meet the essential/desirable criteria, giving practical examples and relevant information. Please use a separate sheet(s) if necessary ensuring that your name and the post title are stated on them.

### **Essential/Desirable Criteria 1. Qualification/Education (This section should be answered on pages 4 & 5)**

(i) Relevant Qualification:- such as: Psychology Degree, Social Work Degree, Counselling Diploma.

**AND**

Systemic Diploma.

(ii) Studying at MSc Level – Systemic.

### **Essential Criteria 2. Experience**

(i) At least 2 years' experience of working therapeutically with families.

(ii) At least 100 hours of clinical experience working with families appropriately supervised.



### **Essential Criteria 3. Knowledge**

(i) Good understanding of the Systemic Family Therapy Model.

(ii) Understanding of Trauma.

### **Essential Criteria 4. Skills and Abilities**

(i) Excellent verbal, communication and interpersonal skills in order to communicate effectively with WAVE clients and their families and colleagues.

(ii) Ability to work effectively on own initiative as well as within a team.

(iii). Ability to build relationships and promote change.

(iv). Computer literate for report and assessment writing.

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**Essential Criteria 5. Personal Qualities**

(i) Commitment to continued professional and personal development.

(ii) Professional credibility.

(iii) Commitment to equal opportunities and valuing diversity.

(iv) Demonstrate a commitment to supervision and reflective practice.

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**Essential Criteria 6. Other Requirements**

(i) Must have undertaken and continue to undertake regular clinical supervision with an approved Supervisor.

(ii) Possession of personal indemnity insurance.

**Desirable Criteria 2. Experience**

(iii). Working with families experiencing trauma.

**Desirable Criteria 4. Skills and Abilities**

(v) Ability to evaluate Family Therapy work and analyse these evaluations.

## **SUPPLEMENTARY INFORMATION**

Please state any further information you wish to give in support of your application including details of skills, interests or personal qualities not already mentioned that are of relevance to your application for employment. Please use a separate sheet(s) if necessary ensuring that your name and post title are stated on them.

*Please continue on a separate sheet(s) as necessary*

## **SPECIAL REQUIREMENTS**

To ensure equity of opportunity at interview, please state below if there are any special arrangements that you may require for e.g. reasonable adjustments.

## MOBILITY

WAVE recognise that people with disabilities may not have had the opportunity to gain a driving licence and therefore inability to drive will not automatically debar anyone from employment unless the ability to drive is considered to be an essential element of the post.

Do you hold a current full driving licence?	Choose an item.
If yes, what date did you gain this licence?	Click here to enter a date.
Do you hold a D1 category licence?	Choose an item.
Do you have access to a suitably maintained vehicle?	Choose an item.
Do you have access to a vehicle which is insured for business?	Choose an item.
Have you ever been refused motor insurance?	Choose an item.
Have you had any convictions/endorsements for driving offences? (If yes please state date of incident and details below)	Choose an item.

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## REFERENCES

Please provide the names and full addresses of referees we can contact to provide details of your suitability for this post. They should not be family members or friends and one must be your current/most recent employer who has knowledge of your current/most recent work. Ely reserves the right to ask for your consent to contact earlier employers. Please Note: Referees will not be contacted until after the panel has selected suitable candidate(s). However, this must not be construed as an offer of engagement.

Name:	Name:
Job Title:	Job Title:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Telephone No.:	Telephone No.:
Email Address:	Email Address:

**Please Note:**

We are required by the GDPR Act to inform you how we will use any personal information that we hold either manually or on computer in relation to this application and any subsequent period of engagement.

This application form and any additional information you provide in support of your application will be held confidentially for a period of one year if you are unsuccessful.

If you are successful it will be held during the period of your employment and after your contract has expired for as long as it is necessary to meet regulatory, funding or other legal requirements. During this time, we will not disclose its contents to a third party unless we believe it is lawful to do so.

**PERSONAL STATEMENT**

I declare that the information I have provided in this application for engagement is, to the best of my knowledge accurate. I understand that the provision of false or misleading information in connection with my application or the omission of relevant information may result in rejection of my application, or instant termination of my services, if Ely has engaged me. I authorise Ely to process any personal data given on any part of this form.

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

**Date:** [Click here to enter a date.](#)

**Name (in capitals):** \_\_\_\_\_



Ref: ELY/FC/MAY22

## EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

Under the Fair Employment & Treatment (NI) Order 1998 all registered employers and specified authorities are required to seek to obtain information about the community background of applicants for employment. Ely also monitors its recruitment practices in terms of ethnic origin, marital status, caring responsibilities disability, age and the effectiveness of our advertising policy.

The following monitoring information forms no part of the selection process. Monitoring information is removed by the designated monitoring officer and not seen by selection panel members. Monitoring information is used to complete statutory returns to the Equality Commission and to monitor the effectiveness of Ely’s equal opportunities policies. All of the monitoring information is stored confidentially and will only be released where a recognised statutory body properly requires it, for the purposes of making an application to the Fair Employment Tribunal.

### 1. Community Background

Irrespective of whether you practice any religion, persons in Northern Ireland are perceived to belong to specific communities and Ely is required by law to monitor the community background of applicants. You are therefore asked to provide this information by ticking the appropriate box below:-

I am a member of the Protestant community	<input type="checkbox"/>
I am a member of the Roman Catholic community	<input type="checkbox"/>
I am neither from the Protestant nor the Roman Catholic community	<input type="checkbox"/>

### 2. Gender (*Please tick appropriate box*)

Male

Female

### 3. Marital Status/Family Status (*Please tick appropriate box(es)*)

Married	<input type="checkbox"/>	No caring responsibilities	<input type="checkbox"/>
Single	<input type="checkbox"/>	Care for children	<input type="checkbox"/>
Other	<input type="checkbox"/>	Care for other relative	<input type="checkbox"/>
		Other	<input type="checkbox"/>



#### 4. Disability

Do you consider yourself to have a disability?

Yes

No

If yes, what is the nature of your disability? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If appointed, what workplace adjustments/alternative arrangements would you require to enable you to carry out the duties of the post e.g. mobility, access, working practices?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 5. Ethnic Origin

Please indicate by ticking the appropriate box(es) below

African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White	<input type="checkbox"/>	Mixed Ethnic Origin	<input type="checkbox"/>
Any other ethnic group ( <i>please specify</i> )					

#### 6. Age

Date of Birth	
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#### 7. Advertising

Please indicate below how you became aware of this vacancy

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for providing this information**