Application Form

Panel of Counsellors held by Department of Education for the Counselling in Primary Schools – Pilot (CPS-P)

Please return completed application form to the **Counselling Pilot Team, NEPS, Department of Education** at counsellingpilot@education.gov.ie

Name: _____ PPSN (tax ref)_____

Address:

_____

_____

Telephone: _____ Mobile Phone: _____

Email: _____

TRAINING AND QUALIFICATIONS:

Please indicate below your relevant qualifications (tick as appropriate).

☐ I hold a recognised qualification at Level 7 (primary degree) or higher in a relevant human science; and

☐ I hold an accredited qualification in counselling or psychotherapy.

OR

☐ I hold a professional accredited qualification in the area of child and adolescent counselling.

Title of qualification obtained	NFQ level	Grade obtained (e.g. pass; 2.2; 2.1; 1; etc.)	University, College or examining authority	Year in which qualification was obtained

Other professional training and/or qualifications in the provision of counselling for children			
Full title of training/ qualification(s) held	**Training or accreditation authority**	**Year in which training/ qualification was obtained**	**Other relevant information, for example, duration of training**

EMPLOYMENT RECORD:

Give below, in date order (starting with your current employer), full particulars of all employment (including work experience and also any periods of unemployment) between the date of leaving school or college and the present date. No period between these dates should be unaccounted for. If it is necessary to continue on a separate sheet, please set the information out in the same manner as below **(exact dates to be given).**

Please outline description of post held and experience of providing counselling for children and specify if pre accreditation. If in private practice please specify number of hours providing counselling to children.

Dates			Title of post held	Brief description of duties and responsibilities)	Name and address of employer
Period in months	From	To			

Period in months	From	To			
Period in months	**From**	**To**			
Period in months	**From**	**To**			

Period in months	From	To			

Please tick below as appropriate:

Are you an accredited member of the Association of Humanistic & Integrative Therapy (IAHIP)?	**Yes**	☐	**No**	☐
Are you an accredited member of the Irish Association for Counselling and Psychotherapy (IACP)?	**Yes**	☐	**No**	☐
Are you a chartered member of the Psychological Society of Ireland (PSI)?	**Yes**	☐	**No**	☐
Are you an accredited member of Association for Child Art Psychotherapists (ACAP)?	**Yes**	☐	**No**	☐
Are you an accredited member of the Irish Association of Psychotherapy and Play Therapy (IAPTP)?	**Yes**	☐	**No**	☐
Are you a registered member of the Irish Council for Psychotherapy?	**Yes**	☐	**No**	☐

Please provide your membership number(s) for the relevant bodies above:

Can you provide counselling through Irish?	**Yes**	☐	**No**	☐
Can you provide counselling through any other language (other than Irish and English)?	**Yes**	☐	**No**	☐

If yes, please specify: _____

Do you have any experience working with children with special educational needs? **Yes** ☐ **No** ☐

If yes, please specify:

_____

_____

_____

Other relevant information including area(s) of specialism and/or special interest:

_____

_____

_____

_____

This pilot project is operating in seven counties: Laois, Longford, Tipperary, Mayo, Leitrim, Cavan and Monaghan. Please give details of the county/ counties where you are prepared to work under this scheme:

_____ _____ _____

The pilot project will operate in primary schools, during the school day. It is anticipated that counsellors working as part of this project will work no more than five hours per day, and no more than 20 hours per week. Within this context, please give an indication of your anticipated availability (up to 20 hours per week) to undertake work on this scheme:

_____ hours per week

REFERENCES

Please provide the full name, role/position, and address of two referees who may be contacted to attest to your qualifications, experience and suitability. (Note: One referee should be your current employer where that is applicable. The second referee should be your current supervisor or a former supervisor. Neither referee should be an employee of NEPS/Department of Education).

Name: _____

Role/Position: _____

Address:

_____

_____

_____

_____

Email:

_____

Telephone No.:

_____

Name: _____

Role/Position: _____

Address:

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Email:

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Telephone No:_____