

**APPLICATION FORM**

**THERAPY INTAKE COORDINATOR**

**PART-TIME**

Name:

Address:

Mobile number:

Email Address:

Linkedin profile: Yes  No

***Our Mission and Values are at the heart of the Service we provide and can be accessed via the following link. Please take the time to read prior to completing the Application Form.***

[**https://www.drcc.ie/about/**](https://www.drcc.ie/about/)

1.Please list your qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Year  From - To | Award | Awarding Body | Year of  Award |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. Please state your education and training background

|  |
| --- |
|  |

3. Please state your psychotherapy experience, including specific sexual violence work?

|  |
| --- |
|  |

## 4. Please outline your experience of managing teams.

|  |
| --- |
|  |

## 5. Please outline your experience of conducting assessments and the type of assessments conducted.

## 6. Please state your experience of caseload management.

7. Do you have any experience of working with community/voluntary sector?

|  |
| --- |
|  |

8. Outline your experience of working with people with a mental health diagnosis

9.What is your definition of rape?

|  |
| --- |
|  |

10. What is your definition of child sexual abuse?

|  |
| --- |
|  |

11. What is your experience of working in a team?

|  |
| --- |
|  |

12. Please outline your IT experience.

13. What qualities do you think you can bring to the Dublin Rape Crisis Centre?

|  |
| --- |
|  |

14. Why would you like to work at the Dublin Rape Crisis Centre?

|  |
| --- |
|  |

15 (a) Are you accredited with:

IAHIP Yes  No

ICP (any modality) Yes  No

I.A.C.P. Yes  No

15 (b) Please give details, including date of accreditation.

|  |
| --- |
|  |

16. Please indicate preferred days of working below:

Monday to Wednesday

Thursday to Saturday

17. Do you anticipate that you would need support in your own life as a result of your work in the Centre? If so, where do you anticipate this coming from?

|  |
| --- |
|  |

18. How do you like to spend your free time?

|  |
| --- |
|  |

19. Is there anything you would like to add?

|  |
| --- |
|  |

**20. Declaration**

Candidates are required to declare prior abuse convictions and whether they have been or ever having been the subject of any investigation or enquiry into abuse or other inappropriate behaviour. Please declare any relevant details below.

|  |
| --- |
|  |

**Referees**

Please give the names and addresses of three referees (with phone numbers) who can be contacted for both a written and verbal reference and please include a **Curriculum Vitae**.

**Referee 1:**

|  |
| --- |
|  |

**Referee 2:**

|  |
| --- |
|  |

**Referee 3:**

|  |
| --- |
|  |

Please return the completed form, with **current CV to:**

[**recruitment@rcc.ie**](mailto:recruitment@rcc.ie) **Subject line Therapy Intake Coordinator**

**Closing date: Wednesday 9th February 2022**

**Expected dates of interviews: TBC**