

**APPLICATION FORM**

**ADULT & ADOLESCENT PSYCHOTHERAPIST**

**4 Day Week**

Monday & Thursday 9.30 – 5.30

Tuesday & Wednesday 11pm to 7pm

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**

1. Please list your qualifications

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| Year from-to: | QUALIFICATION | TRAINING BODY | Year of qualification |
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| 2A. Please state any additional education and training with regard to Adolescent Psychotherapy: |
| 2B. Please state any additional education and training with regard to Adult Psychotherapy: |

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| 3A. Please outline your psychotherapy experience working with adolescents who have experienced sexual violence, including DSGBV: |
| 3B. Please state your psychotherapy experience working with adults in relation to sexual violence: |

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| 4. Outline your experience of working with self-harming behaviours, suicidality and crisis interventions. |

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| 5. Describe your approach with regard to how you work with adolescents and their parents.  |

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| 6. Outline how you would address a child protection concern; i.e. where an adolescent discloses that they are at risk of harm. |

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| 7A. Describe your understanding and experience of working from a Trauma Informed perspective. |

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| 7B. Outline what you understand to be some of the symptoms / effects of a traumatic experience from a client’s perspective. |

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| 8. Outline any Group Work or Facilitation Experience: |

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| 9. Outline your experience of working with presentations of Neurodivergence: |

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| 10. Please say a little bit about what motivates you in your therapeutic work: |

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| 11. Please outline any supports that you anticipate you may need in this role: |

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| 12. Outline any aspects of trauma therapy that you find challenging: |

13. Please indicate your accrediting body:

 IAHIP Yes [ ]  No [ ]

ICP (any modality) Yes [ ]  No [ ]

 IACP. Yes [ ]  No [ ]

BACP Yes [ ]  No [ ]

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| 14. Please give details, including date of accreditation. |

**Please return the completed form to** **recruitment@rcc.ie**

**Please insert ADULT & ADOLESCENT PSYCHOTHERAPIST in the subject line**

**Closing date 31st March 2023**

**Expected dates of interviews: April 2023**