

Application Form

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

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

Name: _____ PPSN (tax ref) _____

Address: _____

Telephone: _____ Mobile Phone: _____

Email: _____

Please indicate below what qualification

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

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

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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. 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 - Please indicate whether this is pre or post accreditation experience
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**

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:

Email: _____

Telephone No: _____