

**APPLICATION FORM**

**Adult Psychotherapist**

**Balbriggan Office**

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

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| Year from-to: | QUALIFICATION | TRAINING BODY | Year of qualification |
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| 1. Please state education and training with regard to adult Psychotherapy
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| 1. Please state your psychotherapy experience working with adults in relation to sexual violence
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| Outline your experience of working with self-harming behaviours, suicidality and crisis interventions |

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| Outline how you would address a child protection concern that is disclosed to you in therapy |

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| Describe your understanding and experience of working from a trauma informed perspective |

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| 1. Outline what you understand to be some of the symptoms / effects of a traumatic experience from a client’s perspective
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| 1. Outline your experience of working with presentations of Neurodivergence
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| 1. Please say a little bit about what motivates you in your therapeutic work
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| 1. Please outline any supports that you anticipate you may need in this role
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| 1. Outline any aspects of working with trauma and traumatic material that you might find challenging
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1. Please indicate your accrediting body:

 IAHIP Yes [ ]  No [ ]

ICP (any modality) Yes [ ]  No [ ]

 IACP. Yes [ ]  No [ ]

BACP Yes [ ]  No [ ]

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| 1. Please give details, including date of accreditation.
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**Please return the completed form to** **recruitment@rcc.ie** **Please insert Balbriggan PSYCHOTHERAPIST in the subject bar.**