*Clinical Services Placement*

*application form*

**Please complete the form below to apply for a Terapia School Services or Bothy placement**

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| Date of Application: |  |

 (Please print clearly and complete all pages)

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| **Personal Information** |
| First Name: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Mode of Transport: | Public Transport | Car | Bicycle | Other (please specify) |
| Contact Number: |  |
| Email: |  |
| Gender (optional): |  | Ethnicity (optional): |  | Language/s Spoken (optional): |  |

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| **Placement Types** |
| **What type of placement(s) are you most interested in? Please select all that apply.** |
| Primary School |  | The Bothy |  |
| Secondary School  |  | Care Leavers Service (Young Adults)  |  |
| Whole School Approach Project  |  | No Preference |  |
| Other, please specify: |   |
| **Availability** |
| For TSS Placements - These will begin at the start of the Spring School Term on **8th January 2024**. Induction visits to schools are facilitated in late November/early December 2023.  |
| For **The Bothy** Placements, please specify a preferred start date: |  |
| **Please state the times you are available on the days listed below - for example: AM, PM, or 10:00 - 14:00** |
| Monday |  | Tuesday |  | Wednesday |  |
| Thursday |  | Friday |  | No Preference |  |

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| **Please indicate which of the additional opportunities you may be interested in** |
| Group Programmes |  | Delivery of training to schools/organisations |  |
| School Assemblies |  | Supporting school/org staff |  |
| Reflective Parenting |  | Other, please specify: |  |

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| **Relevant Experience** |
| **Please provide a brief summary of any professional, volunteer and/or personal experience you have that you feel is relevant to working with children, young people or in a psychotherapeutic capacity** |
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| **Additional information**  |
| **Please include any other information you feel may be relevant regarding any prospective placement(s)** |
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| **Terapia Toddler or Clinical Supervisor Name:** |  |

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| **Placement(s) History - Current, Past and Applied For**  |
| **Please list any clinical placement(s) you have had, or have applied to, starting with your most recent** |
| **School / Organisation name and placement location** | **Please give brief details of the placement, including client groups and number of clients/sessions per week:** | **Dates** **(From – To)** |
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| **What qualities do you bring / have to offer?** |
| **Please describe in your own words, what skills and qualities you are going to bring to your clinical work? In terms of relevant qualifications, knowledge, experience, commitment, etc.** **Please also list any practical issues, accessibility needs, interest in client groups, etc. that you may have.** |
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| **Required Documentation** |
| Valid **Terapia Enhanced DBS:** | Certificate Number: | Valid from:  |
| ***or*** subscribed to **DBS Update Service:** | Certificate Number: | Date of Birth: | Surname: |
| **Professional Indemnity Insurance** (PII):(PII can be secured approx. 1 month before clinical work begins. Please share details when this is obtained) | Insurance provider name: |
| Valid from:  | Valid to:  |
| **Safeguarding Training Certificate**: | Date attended: |
| Training Provider Name: |
| **Proof of eligibility to work in the UK** (UK passport or relevant document): | Yes | No |
| **‘Therapy ONLY’ email address:**(NB all correspondence relating to clinical work will be sent to this email address from the time of submitting this application form) |  |

**Please sign here to declare information included in this application is true to your knowledge.**

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| Print Name: |  |
| Signature: |  | Date: |  |

**Return your completed form, along with a copy of your:**

1. Valid **Terapia DBS certificate** *and* **DBS certificate number, Date of Birth and Surname which you have registered to the DBS Update Service.**
2. **Professional Indemnity Insurance Certificate** (if you already have this in place).
3. **Safeguarding Training Certificate**.

**Send this form to** **megan@terapia.co.uk** **for School and Organisations placements *or***

**to** **sacha@terapia.co.uk** **for The Bothy placements.**

**Following receipt of your application we will ask for a reference from your Terapia Tutor/Supervisor.**

**Please note we strive to match Trainees to a placement that suits their specified needs, however in some circumstances this may not always be possible. Please contact** **megan@terapia.co.uk** **if you have any concerns about your placement allocation.**