*Logo

Description automatically generatedClinical 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** | |
|  | |
| **Additional information** | |
| **Please include any other information you feel may be relevant regarding any prospective placement(s)** | |
|  | |
| **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.**

|  |  |  |  |
| --- | --- | --- | --- |
| 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**](mailto:megan@terapia.co.uk) **for School and Organisations placements *or***

**to** [**sacha@terapia.co.uk**](mailto: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**](mailto:megan@terapia.co.uk) **if you have any concerns about your placement allocation.**