*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: |  | | | | | | | |
| Personal 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 (\*Module 3 and 4 Trainees only) | | | |  |
| 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 **6th January 2025**.  Induction visits to schools are facilitated in November/early December 2024. | | | | | | | | |
| 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 / Clinical Supervisor Name:** |  |

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| **Placement(s) History - Current, Past and Applied For** | | |
| **If applicable, please list any clinical placement(s) you have had 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 difficulties, 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: |
| Also, if you are subscribed to **DBS Update Service:** | Certificate Number: | Date of Birth: | | Surname: |
| **Professional Indemnity Insurance** (PII):  (PII can be secured approx. 2 months before clinical practice begins. Please share details by beginning of November 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 practice 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. **Safeguarding Training Certificate**, and
3. **Professional Indemnity Insurance Certificate** (if you already have this in place).

**Send this form to** [**samuel@terapia.co.uk**](mailto:samuel@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** [**samuel@terapia.co.uk**](mailto:samuel@terapia.co.uk) **if you have any concerns about your placement allocation.**