

**Application Form**

|  |  |
| --- | --- |
| **State position you are applying for:** |  |

|  |  |
| --- | --- |
| **Your Name:** |  |
| **Address:** |  |
| **Telephone Contact number:** |  |

|  |
| --- |
| 1. **Why would you like to work with FirstLight?**
 |
|  |

|  |
| --- |
| 1. **Please state your Education and Training**
 |
|  |

|  |
| --- |
| **3.a. Please state your Psychotherapy experience, including specific bereavement work** |
|  |

|  |
| --- |
| **3.b. Please state your Group Work Experience** |
|  |

|  |
| --- |
| 1. **Please list your Qualifications**
 |
| **Year from -to** | **Award** | **Awarding body** | **Year of Award** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 1. **What qualities do you think you can bring to FirstLight?**
 |
|  |

|  |
| --- |
| 1. **What is your experience of Personal Therapy?**
 |
|  |

|  |
| --- |
| **7.a Are you Accredited with** |
| **IACP** | **Yes** | **No** |
| **IAHIP** | **Yes** | **No** |
| **ICP (any modality)** | **Yes** | **No** |

|  |
| --- |
| **7.b Please provide details, including date of Accreditation** |
|  |

|  |
| --- |
| **8.a. you anticipate that you would need support in your own life as a result of your work with FirstLight?****8.b. If so, where do you anticipate this coming from?** |
|  |

|  |
| --- |
| **9. How do you spend your free time?** |
|  |

|  |
| --- |
| **10. Is there anything you would like to add?** |
|  |

|  |
| --- |
| **11. Please give the names and addresses of three referees (including phone numbers) who can be contacted for both a written and verbal reference and please include a Curriculum Vitae.** |
| **Referee 1** |  |
| **Referee 2** |  |
| **Referee 3** |  |

**Please return the completed form, with your CV to: recruitment @firstlight.ie**

**Closing date: 22 November, 17h00.**

**Interview timetable: Round 1: 29 November, 2019 in Carmichael Centre, 4 North Brunswick Street, Dublin 7**