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| Text  Description automatically generatedExpression of InterestThis page will be detached from the rest of the form prior to shortlisting.  |  |
| Assignment: | **Clinical Supervisor** |
| Closing date: | **29 March 2024** |
| Consultancy name: |  |

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| 1. Selection criteria |
| **This section of the application is most important.** The shortlisting panel will assess responses provided in this section to determine which consultancy is invited to a selection interview. The following is required to deliver the Work Profile/Project Plan:1. Experience of delivering clinical supervision in a mental health setting, and working in reference to NICE guidance
2. CBT, Integrative psychotherapy or counselling qualification
3. Successful clinical experience working with clients with a range of difficulties, including complex mental health issues and culturally specific mental health issues.
4. Recognised accreditation with UKCP/BACP/HCPC
5. Minimum 2 years’ experience supervising groups and individual counsellors/psychotherapists from a range of training backgrounds
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| 2. Supporting statement – Optional |
| This section is optional – please use to provide any additional information you consider relevant and in support of your application, including your reasons for applying for this assignment. **Please limit the information to one side of A4**. |
|  |

## The following sections will be detached from the rest of the form prior to shortlisting.

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| 3. Additional information |
| **Are there any dates when you would be unavailable for interview**? (Please Note: We will make every effort to take any unavailability into account, but we are not required to accommodate all requests). |
| **Do the consultant need a work permit to work in the UK?** | Yes/No |
| If yes, please specify:  |
| **If appointed, when could consultant start?**  |
| **How did you find out about this vacancy?**  |
| **Have you worked with Mind CHWF before?** **If so, when?**  |

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| 4. Criminal Convictions  |
| **Consultants may be required to complete a Disclosure and Barring Check via the Disclosure and Barring Service (DBS).** **If consultants are not on the update service and DBS cleared to appropriate level and type, then Mind CHWF could process an application online once appointed.** Please refer to the Work Profile/Project Plan for confirmation on the level of DBS check required for the assignment. Below explains the different level of DBS checks:* **Standard DBS** check

This requires you to disclose convictions which are not “spent” yet under the Rehabilitation of Offenders Act 1974. * **Enhanced DBS** check without barring list check

This requires you to disclose all convictions regardless of whether they are “spent” or “unspent” under the Rehabilitation of Offenders Act 1974.* **Enhanced DBS** check with barring list check

This requires you to disclose all convictions regardless of whether they are “spent” or “unspent” under the Rehabilitation of Offenders Act 1974. If you are recorded on the barring list, you cannot apply for any job that has this level of DBS check.Under the Rehabilitation of Offenders Act 1974 some convictions become spent or forgotten after a rehabilitation period.We will consider convictions based on whether the offence relates to the nature of the job. **ACTION REQUIRED:** * **Before selection interview**
	+ If you know that a DBS check will confirm convictions / barring on a consultant’s record, please attach a written statement with this application to give us this information.
	+ The manager making the selection will consider it in confidence and decide if it has any bearing on the selection.
	+ The manager will decide whether to invite you for interview.
* **After selection interview and after receiving the DBS check**
	+ We may decide it is appropriate to select with a criminal record / barring following a risk assessment. The written risk assessment takes into consideration the nature, severity, frequency and timing of the convictions, and the nature and requirements of the work.
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###### 5. Declaration

On behalf of the consultancy:

* I declare that the information provided on this form, and on any accompanying documents, is true to the best of our knowledge and belief. I understand that false information may lead to the termination of the contract for services.
* I agree that the content of this form and of any accompanying documents may be treated as part of any contract for services agreed between the consultancy and Mind CHWF.
* I understand that adequate Employer’s Liability Insurance, Public Liability Insurance, and any other suitable policies of insurance shall be in place and copies shall be made available upon request.
* I understand that this application form and any supporting documentation will form part of data held by Mind CHWF for the contractor and will be treated in accordance with the requirements of the Data Protection Act.

Signed.................................………………...……………

Date:................................................….....…………………

Please make sure that the application form is fully completed.

**End of document**