PERSON SPECIFICATION

CREATIVE MENTORING/COUNSELLING/VOLUNTEERS/PLACEMENT/SELF-EMPLOYED ROLES

**Overview of role:** To provide therapeutic support to participants.

**Key Tasks:**

1. Must complete and pass a Disclosure and Barring Service check.
2. Complete attentive listening awareness / service provision start up.
3. To provide committed, non-judgemental listening and support for participants
4. To help participants identify and achieve their own support goals in a creative & supportive manner.
5. To develop positive, supportive relationships with a participant, to be a source of encouragement to help develop their emotional resilience and self-care.
6. To be willing to pass on your own skills and experiences to participants and so help them to discover positive opportunities for themselves individually and within their community.
7. To be a positive and encouraging role model.
8. To take part in supervision and training, including attending group development sessions.
9. To adhere to the policies and practices of the project. In particular, to safeguard the welfare of young and vulnerable people and their families and prevent harm to themselves and those around them.
	* 10. To keep any records as required.

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| **Area** | **Essential** | **Desirable**  |
| Skills | Ability to relate to participants.Ability to listen.Ability to work ‘one to one’ with participants.Ability to offer encouragement and understanding to another person. Understand the importance of building trust within a safe environment | Some experience in working with small groups.Counselling or listening skills qualifications.Awareness of creative ways of working |
| Knowledge | Of the service in which you may be supporting them with. The need for mentoring/ counselling support  | Of local services available to young people, vulnerable adults and their families |
| Experience | Ability to demonstrate empathy. Good observation and awareness Work as part of a team | Previous similar work - paid or voluntaryAwareness of safeguarding procedures |
| Attitude | Non-judgementalAn interest in well-being/mental healthOngoing commitment to develop knowledge and skills through training (CPD)To work mindfully to match the support provided to the individual’s level of understanding and capabilities  | Use of a computer to complete any requested notes (minimal use)  |
| Values | Commitment to working in ways that do not discriminate against **any** group. Trustworthy, compassionate, reliable  | If working for Identity Space to have completed the Gender & Sexuality Awareness course (inhouse training)  |
| Availability and commitment | Minimum age: Mentors/Counsellors is 18, Family Support 25 years. Able to commit to at least two hours per week with someone for a minimum of 8 weeks/max 6 months. Able to commit 1.5 hrs a month for supervision/ training.  | Own transport/ability to get to arranged place of service. To commit to working with at least 2 people per week |

**APPLICATION FOR SERVICE DELIVERY TEAM (18+)**

ES CIC is fully committed to the safeguarding of young people, vulnerable people and families, which incorporates the use of robust safer recruitment practices. Please answer all the questions below in full. All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a legal right to access any information held about you. Please note that you will need to complete an enhanced Disclosure and Barring Service (DBS) check if you are offered the post.

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| **Which roles are you interested in? (Please tick as many as you wish)** |
| Youth/Adult Creative Mentor:□ Parent/Carer Mentor:□ Identity Space Mentor/Counsellor:□ Team/Governance Volunteer:□ Qualified Counsellor:□ Trainee Counsellor:□ Supervisor: □ |
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| **SECTION A: Ethos** |
| Essential Space CIC aims to provide a safe, professional therapeutic service for those seeking support for their mental health and emotional wellbeing. Each provision we offer is creatively delivered with compassion and understanding to meet the person’s individual needs. **Please state why you have chosen the role above**, for example you identify with the client group, that’s where your interests and passions are, or it could be that it is the role that fits you best personally.  |
| **SECTION B: Personal Details** |
| Full Name  |  | Pronouns |  |
| Preferred Name  |   | Date of birth |  |
| Any former name(s) |  |
| Home address: Postcode:  |
| Previous address (if moved within last 12 months) Postcode: |
| National Insurance number |  |
| Home phone |  | Mobile phone |  |
| Email address |  |
| What is your preferred contact method? |  Email Phone Text Any Other |

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| **SECTION C: Emergency Contact Details** |
| Name:  | Contact number:  |
| Relationship:  |

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| **SECTION D: A bit more about you** |
| Do you have a full driving licence? | Yes: No:  |
| Do you own a vehicle? | Yes: No:  |
| Are you currently employed? |  Part-time: Full-time: No:  |
| If yes what is your role? |  |
| Are you currently a student? If you are a counselling student please state your training centre and modality: | Yes: No:  |
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| Do you have any prior experience in therapeutic work?  | Yes: No:  |
| Please give details: |
| Do you have experience of supporting people?  | Yes: No:  |
| Why would you like to join our team and what do you think you will gain from the experience? |
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| Do you have particular skills that you might share with us? If so, please list them below. |
| How would you describe yourself in your own words? Choose any words that you feel describe who you are. To get you started, think of words like ‘outgoing’, ‘shy’, ‘self-disciplined’, ‘caring’, ‘lively’: |
| What are your hobbies and interests? If applying for a placement with us, please say why you have chosen Essential Space to work with? |

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| **SECTION E: Understanding of the current situation.** |
| How will your skills and experiences support some of the issues that the client group will be facing? |
| Please give us some information on your previous roles in employment/voluntary work: |
| **SECTION F: The practical bits** |
| How do you wish to work? | One-to-one: □ With a group: □ Face 2 Face: □Online: □ No preference: □  |
| Are you able to commit yourself to two hours a week with ES CIC? (The time you would meet is determined by yourself with the applicant/clients)  | Yes: No:  |
| Are you able to commit to attending a group supervision meeting, and a 1-1 in a total usually lasting around 1.5 hrs per month | Yes: No:  |
| Are you able to commit yourself to supporting someone weekly for an hour minimum of 16 weeks and a maximum of 6 months? | Yes: No:  |
| Are there particular days or times when you are available? (please list) | Yes: No:  |
| Have you ever completed a DBS Check? Yes: No: If ‘Yes’, are you registered on the online update service? Yes: No: Unsure |
|  DBS Update Service Registration Number: |

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| **SECTION G: Accessibility** |
| Do you consider yourself to have any disability, medical condition (including allergies) that we should be aware of that could affect your role? (If yes, please list) | Yes  | No  |
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| **SECTION H: SELF-DISCLOSURE AND DECLARATION**  |
| If you answer **yes** to any of the following, please **provide details on a separate sheet**. |
| Have you had any physical dependencies at any time during the past 2 years? (drugs/alcohol/gambling etc.)  | Yes  | No  |
| Have you ever been known to any Children’s Services Department or to the police as being a risk or potential risk to children?  | Yes  | No  |
| Have you ever been the subject of any investigation by any organisation or body due to concerns about your behaviour towards children?  | Yes  | No  |
| Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour?  | Yes  | No  |
| Have you ever been involved in any incident(s) in which allegations of abuse have been made against you? (We need to know about unsubstantiated allegations as well as substantiated ones) | Yes  | No  |
| Do you have any criminal convictions, cautions, reprimands, or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) 2013? Having a criminal record does not necessarily exclude you from working for us. | Yes  | No  |
| **Self-disclosure Declaration** |
| I agree that the information provided on this form may be processed in connection with my application for joining the ES CIC Team. I understand that an offer of voluntary, placement or any self-employed hours may be withdrawn if information is not disclosed by me and subsequently comes to the organisation’s attention.In accordance with ES CIC’s procedures, I agree to provide a valid criminal record certificate and consent to clarifying any information provided on the disclosure with the agencies providing it. I agree to inform ES CIC within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children, young people and/or vulnerable adults.I understand that the information contained on this form, the results of the criminal record check and information provided by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children.I have agreed to follow and support the ethical guidelines within the ES CIC Equality and Diversity Statement. **I have read and acknowledge this statement (please tick): ◻**Do you know someone in our team?  |
| Name  | Relationship |  |  |
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**SECTION I - REFERENCES**

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| Please provide names of at least two people not related to you that we can approach to get a personal reference for you. Where possible referees should have known you for **at least 2 years** or be from a place/person’s you work with. Other appropriate referees include other former employers and people you know well in your community.**In line with ES CIC Safer Recruitment Policy references will generally be taken up ahead of you starting.  Please notify these people that they may need to give a reference for you.** |
| **Reference 1** |
| Name |  | Role |  |
| Address: Postcode: |
| Phone |  | Relationship |  |
| Email address |  |
|  |
| **Reference 2** |
| Name |  | Role |  |
| Address: Postcode: |
| Phone |  | Relationship |  |
| Email address |  |
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| **Reference 3 (Only required if you are not sure that one of the above referees are available)** |
| Name |  | Role |  |
| Address: Postcode: |
| Phone |  | Relationship |  |
| Email address |  |

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| **SECTION J: Interview** |
| You will be required to attend interview to be offered the voluntary/placement/self-employed post. Please let us know of any specific requirements you may have to attend interview. |
| **SECTION K: Data Protection Declaration** |
| I give my consent for photos and videos of me to be taken by ES CIC whilst I am participating in organisational activities, and for ES CIC to retain and use these photos/videos in their fundraising, marketing, and publicity.I agree to ES CIC storing and processing my personal data in connection with my application for a role, to preserve my safety and the safety of others. For details of any ES policies, please see [**www.essentailspace.co.uk**](http://www.essentailspace.co.uk)or contact the admin team on info.essentialspace@gmail.com I am aware that an image of me will be on the Essential Space website as a team member, and my telephone number will be added to the ESCIC What’s App Group for team communication purposes.I agree to the requested information being sought from my named referees and processed by ES CIC in connection with my application.I understand that I have an obligation to obtain and maintain an up-to-date DBS and hold Professional Insurance, this includes renewing and updating these documents as and when required. **I have read and acknowledge this statement (please tick): ◻** |
| Signed |  | Date |  |
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| Where did you find out about this opportunity? |  |
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| Please return completed forms by email info.essentialspace@gmail.comTitle the email; **ES CIC APPLICATION FORM** **Your email should include the following**:* Completed application form.
* Image of DBS (if you currently have one)
* Image of your professional insurance (if you currently have this in place)
* If requesting a counselling role, please supply a copy of your BACP/NCS membership number
* An up-to-date friendly photograph of yourself for our website
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**Please use this page for additional information if required.**