**RECRUITMENT PACK**

**Volunteer Mental Health Practitioner**

# **Contents**

* Overview about Off the Record, volunteer posts and how to apply
* Job Description & Person Specification
* Application Form and Equality & Diversity Form

Thank you for downloading this application pack and looking at the roles we have available.

This application pack provides the information for the Volunteer Mental Health Practitioner role. We offer the opportunity to work with a minimum of three clients weekly in a professional and supportive environment. Clients come from a variety of backgrounds and present with a range of issues. We provide free, bi-weekly group supervision and offer regular training and assessment opportunities. This is after an initial 6-month probationary period when supervision will be one to one.

The application form is at the back of this application pack. Please read the whole pack before completing the form and make sure you refer to the job description when you complete the person specification section of the form.

Off the Record is an award-winning young people’s mental health charity offering a range of support services for children and young people across the London Boroughs of Croydon, Sutton and Merton. The charity has been running for over 25 years driven by our vision of “building a compassionate mental health community for children and young people”. South London is a vibrant and diverse area, and we’re keen to make sure our staff team reflects our local communities. In 2019 our work was recognised with a national GSK Impact Award.

Information about all our services can be found on our website: <https://www.talkofftherecord.org/>

**Our Current Vacancies**

We are an outward looking charity with a strong reputation for delivering professional support services to young people in South London coupled with the motivation to develop new and innovative responses to mental health needs. This was particularly tested when the Covid pandemic forced us to quickly pivot all our provision to remote working. However, we met the challenge, training staff in new ways of working and integrating new offers that have becoming part of our ongoing work supporting children and young people’s mental health.

Post-pandemic, the well-documented rise in mental health needs amongst young people has resulted in unprecedented levels of demand for our services. Nationally, the need to modernise and transform mental health services alongside the need to increase service capacity has been recognised and, as a result, we have expanded our staff team and broadened the range of mental health interventions we offer to young people. At our core is a commitment to strong active engagement with young people and creating support that’s relevant, flexible and accessible. Young people need to be at the heart of all our service design and we’re committed to making sure young people are able to ‘get help now’ when they first reach out for it.

We’re currently recruiting for volunteer Mental Health Practitioners across our London borough counselling services in Croydon, Merton and Sutton. We are looking for trainees who are well grounded in basic counselling skills and demonstrate a theoretical understanding of the counselling relationship and process; excellent engagement skills and a passion for working with children and young people. This role is suitable for candidates who are currently enrolled in counselling, psychotherapy or equivalent training courses. To be considered for a placement here, you will need to have completed 50 hours experience of supervised counselling practice with clients. You will also need to have been in weekly personal therapy for a minimum of 40 hours with a commitment to continue for the duration of your training.

**Working for Off the Record**

We have a committed team of around 70 paid staff (many part-time) and our work is funded through a variety of sources including South West London ICB, London Boroughs of Croydon & Sutton and the Wimbledon Foundation. Some staff are based in our borough-based services but increasingly staff are being given opportunities to work in across-borough initiatives such as our new first contact team.

Decisions about who to invite for interview will be based on how well someone demonstrates they meet the person specification for the specific post, so please make sure you complete the application form fully and accurately, giving evidence of how you meet each point in the person specification and indicating your relevant knowledge, skills and experience. Please note that CVs will not be considered. Applications are to be returned by email to: [recruitment@talkofftherecord.org](mailto:recruitment@talkofftherecord.org).

Applicants will receive a confirmation of receipt and shortlisted candidates will be contacted as soon as possible.

**VOLUNTEER MENTAL HEALTH PRACTITIONER**

### Role Description

**Title:**  Volunteer Mental Health Practitioner

**Responsible to:** Service Manager

**Hours:**  Negotiable subject to a minimum of 4 hours per week

**Location:** Based at one of the Off the Record services in Croydon, Merton, or Sutton

**Role Purpose:** To provide clinical counselling on a weekly basis

**Background Information:**

The counselling team provide a safe, confidential talking therapy space for young people and hence a sensitive and professional manner is of key importance. The counselling team include the Service manager, Senior Mental Health Practitioner, a number of staff practitioners and a team of volunteer practitioners. Clinical supervision is provided, and we comply with BACP minimum requirements for clinical supervision.

**All roles within Off the Record are subject to Enhanced Disclosure and Barring Service checks.**

### Tasks include:

1. Commit to working for the agency for one year after acceptance onto the team, subject to a six-month review
2. Provide weekly counselling to a minimum of 3 clients per week, in person and at one of our borough services
3. Attend supervision in accordance with agency guidelines, an absolute minimum of 75% of scheduled supervision
4. Offer at least 4 hours weekly to the agency, including clinical work with clients and supervision
5. Availability in late afternoon early evening (when school aged young people have most time) is preferred
6. Attendance at team and staff meetings is recommended
7. Attendance at Charity days and training events is required
8. Maintain counselling records and agency client administration in line with current agency policy
9. Ensure that the office is left appropriately tidy and secure
10. Provide cover for colleagues on working day

**VOLUNTEER MENTAL HEALTH PRACTITIONER**

### Person Specification

# **Knowledge, Skills, Experience**

1. Ability to demonstrate comprehensive, competent counselling skills
2. Ability to quickly engage with and relate to young people and the issues they raise
3. A commitment to adhering to all agency policies and procedures
4. Ability to maintain time commitment for counselling, supervision, and training
5. Ability to work as part of a team
6. An understanding and awareness of boundaries and how they impact on working with young people
7. Ability to work within the BACP Ethical Framework for the Counselling Professions
8. An awareness of own strengths, weaknesses and motivations combined with a commitment to identifying and working on personal issues
9. Excellent interpersonal and communication skills
10. An ability to reflect on clinical practise and respond to and work on feedback
11. Potential volunteers must meet entrance requirements: completion of 40 hours of personal therapy with a commitment to continue for the duration of your training and 50 hours experience of supervised counselling practice with clients
12. This role is suitable for candidates who are currently enrolled in counselling, psychotherapy or equivalent training courses

VOLUNTEER APPLICATION FORM

##### PRIVATE AND CONFIDENTIAL

**Please complete all sections in typescript**

**CVs will not be considered**

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| **Role** | **VOLUNTEER MENTAL HEALTH PRACTITIONER** | | | | **Application Candidate No**  (for office use only) |  |
| **NAME** | |  | **ADDRESS AND POSTCODE** |  | | |
| **CONTACT NUMBER** | |  | **EMAIL** |  | | |
| **Are you known to Off the Record?** | | Y/N | **If so, in what capacity** |  | | |

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| **PLEASE SUMMARISE YOUR COUNSELLING TRAINING**  ***(Please continue on a separate sheet if necessary)*** | | | | |
| **Dates**  **From:** | **To:** | **Institution Name** | **Course Details**  **(Levels & Hours)** | **Qualifications**  **Gained** |
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| **PLEASE GIVE DETAILS OF YOUR MEMBERSHIP TO ANY PROFESSIONAL BODIES**  ***(Please continue on a separate sheet if necessary)*** | | | |
| **Dates From:** | **To** | **Professional Body** | **Membership Status** |
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| **PLEASE PROVIDE SUMMARY DETAILS OF PREVIOUS & PRESENT EMPLOYMENT**  ***(Please continue on a separate sheet if necessary)*** | | | | |
| **Dates**  **From:** | **To:** | **Employer’s Name** | **Job Title / Role** | **Main Responsibilities** |
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| **COUNSELLING PRACTICE**  **Please describe your experience of counselling practice. Clearly indicate how many hours of counselling you have experienced and in what capacity, where and when this experience was gained** |
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| **Please describe your personal counselling ethic, including your values and theoretical base** |
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| **What interests you about working with young people and, specifically, at “Off the Record”?** |
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| **CONFIDENTIAL DETAILS OF PERSONAL THERAPY** | | | | |
| **Which (if any) accrediting organisation is your therapist a member of?** | |  | | |
| **Qualifications of your counsellor / psychotherapist** |  | | | |
| **Theoretical orientation** |  | | | |
| **Number of sessions to date** |  | | **Date started** |  |
| **What have you gained from your personal therapy and how has this helped your training or practice?** | | | | |
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| **Is there anything else you would like to tell us in aid of your application?** | | | | |
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| **Do you have any particular needs with which we can assist you, for example large print documentation?** | | | | |
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| **CLIENT WORK**  **Please tell us about all possible times at which you may be available to see clients.**  **(NB: We request that you provide a minimum of 4 hours per week for client work/providing cover for other team members).** | |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |

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| **REFEREES**  **Please give the names and addresses of two referees who are willing to support your application and detail your relationships with these referees.**   * **One referee must be your clinical supervisor, primary tutor or placement supervisor** * **The second referee should ideally also be someone who has held a supervisory responsibility for you in some capacity**   **(NB: Referees should not be family members or friends)** | | | |
| **REFEREE 1** | | | |
| **NAME** |  | **RELATIONSHIP TO YOU** | |
| **ADDRESS** |  |  | |
| **DAYTIME TEL** |  |
| **POSTCODE** |  | **MOBILE** |  |
| **EMAIL** |  |  |  |
| **REFEREE 2** | | | |
| **NAME** |  | **RELATIONSHIP TO YOU** | |
| **ADDRESS** |  |  | |
| **DAYTIME TEL** |  |
| **POSTCODE** |  | **MOBILE** |  |
| **MAIL** |  |  |  |

**Due to the nature of our work with children, young people and vulnerable adults, all posts within Off the Record are subject to Enhanced Disclosures through the Disclosure and Barring Service (DBS). Please note that the receipt of a form showing previous convictions/cautions /warnings will not automatically exclude someone from becoming a member of staff/a volunteer at “Off the Record”. Previous criminal records will be considered in relation to their relevance to the work/placement applied for, the circumstances of the offence and the length of time elapsed since the offence.**

**If you have any concerns about this part of the application form or want to discuss any issues related to past** **offences please contact the relevant Counselling Service Manager at Off the Record.**

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| **STATEMENT BY APPLICANT** |
| I confirm that to the best of my knowledge the information given on this form is true and correct.      **Signed:**  **Date:** |

**Return completed Application and Equal Opportunities form via email to** [**recruitment@talkofftherecord.org**](mailto:recruitment@talkofftherecord.org)

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| **FOR OFFICE USE ONLY** |

EQUAL OPPORTUNITIES MONITORING FORM

**PRIVATE AND CONFIDENTIAL**

“Off the Record is committed to ensuring that all aspects of its services are accessible to all sections of the community. In order to monitor the implementation of our equal opportunities policy, all volunteers, Management Committee members and staff are asked to complete the details below. Completion of all or any part of this form is voluntary, but we hope that you will feel able to provide the information requested as this is central to our monitoring procedures. These forms will not be used in any selection process and are strictly for monitoring purposes only. **It is essential that you complete your name, address and contact details on this form.**

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| **Role** | **VOLUNTEER MENTAL HEALTH PRACTITIONER** | **Application Candidate No**  (for office use only) |  |

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| **Name** |  | | | | | | | | | |
| **Date of Birth** |  | | | | | | | **Gender** | |  |
| **Address** |  | | | | | | | **Tel Work** | |  |
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|  | | | | | | | **Tel Mobile** | |  |
| **Postcode** |  | | | | **Email** | | |  | | |
| **How would you identify yourself in relation to your cultural, ethnic or racial origin?**  **(Please check any of the boxes below that apply)** | | | | | | | | | | |
| ***White***  White British  White Irish  White Other    ***Mixed***  White & Black Caribbean  White & Black African  White & Asian  White Other    ***Chinese*** | | | | | | | | ***Black or Black British***  Caribbean  African  Other    ***Asian or Asian British***  Indian  Pakistani  Bangladeshi  Other    ***Any Other Background*** | | |
| **How would you describe your sexual orientation?** | | | | | | | | | | |
| Lesbian Gay Bisexual Heterosexual Other, please state: | | | | | | | | | | |
| **Are you registered disabled?** | | No Yes | | **Registration Number** | | |  | | | |
| **If you are not registered disabled, do you consider yourself disabled in a way you would like us to know about?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **SIGNED** | | |  | | | **DATE** | | |  | |