**Closing Date Tuesday 1st July 2025 at 12.00 noon**

**Please return application to** [**fswc.tenders@gmail.com**](mailto:fswc.tenders@gmail.com)

**Section 1. Personal Information**

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| **Counsellor Name/Organisation Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |

**Section 2. Applying for Delivery of:**

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| **Sessions of one to one counselling for women who attend First Steps Women’s Centre** | | | |
| **Location** | **Duration of sessions** | **Number of sessions per service user** | **Proposed Hourly Rate (£)** |
| Provided on the premises | 1hr | 4-6 |  |

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| **Availability to provide sessions:** | | |
| **Day:** | **9-12 Noon** | **12-3pm** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |

**\*\*Please note that FSWC operates similar to a school term time & will as such be closed over pre-agreed holiday periods\*\***

**Section 3. Experience, Qualifications &Counsellor requirements:**

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|  | **Please tick to confirm:** |
| Recognised Professional Diploma qualification in counselling, psychotherapy, psychology. |  |
| A minimum of 200 hours post qualifying experience in counselling within the last 3 years. |  |
| Accredited with a professional body appropriate to the therapeutic modality e.g. UKCP, IACP, BABCP, BPS, BACP, HCPC, NCS (SEN) or equivalent |  |
| Possession of personal indemnity insurance |  |
| Ability to maintain strict confidentiality and appropriate boundaries in all matters related to their work. |  |
| Must have undertaken and continue to undertake regular clinical supervision with an approved Supervisor. |  |
| Agreement to be assessed for Access NI Enhanced Disclosure |  |

1. **Please List Relevant Qualifications** *(Include awarding bodies and dates):*

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1. **Relevant Experience** *(Provide details of previous experience delivering counselling & information about service user groups- e.g.: Women, young people, couples, BME community, trauma survivors etc.)*

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1. **Any Additional Relevant Experience** *(e.g., industry experience, mentoring, volunteer work):*

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1. **Do you have experience delivering counselling online or via phone?**
   * ☐ Yes
   * ☐ No
   * If yes, please provide details:

**Section 4. Supporting Documentation:**

Successful tenders will be required to provide a CV/resume, copies of relevant qualifications, accreditations, two references, insurance and any other relevant supporting documents.

**Section 5. Declaration:**

I confirm that the information provided in this application is accurate and complete to the best of my knowledge. I understand that submission does not guarantee acceptance, and that the price quoted will cover the entire delivery period. I further understand that the contract may be extended, subject to agreement by the Board of FSWC. I confirm that if I am successful that I will comply fully with all FSWC policies including reporting of any safeguarding concerns. FSWC reserves the right to re-open the process if necessary

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_