

The Lodge, Forster Court, Galway, 091-564800

# SATU Psychological Support Worker

# Application Form

Please read the (separate) **information pack** before filling in the application form.

# How do I send in my application?

**Applications and enquiries by email only to:** [**training@grcc.ie**](mailto:training@grcc.ie)**.**

**Please send application as an email attachment (as PDF or Word document).**

**Data Protection:**

Please note that application forms will be kept on file for the duration of the application process and will be treated in accordance with GRCC privacy policy and data protection policy.

If your application is successful, only your personal details (first page application form) will be held on file by the SATU services manager for the duration of your volunteering.

**APPLICATION FORM FOR SATU SUPPORT WORKER TRAINING**

Name:

Address:

Occupation:

Date of Birth:

E-mail: Telephone: Mobile:

**Training Dates**

There are currently no dates for training scheduled.

If, at interview you are selected to go on our panel of future trainees, we will email you the training dates when they are available and you can then decide whether or not you are able to commit to the required 100% attendance.

1. **Please tick all that apply or type ‘yes’ or ‘no’**
2. I am willing to make myself available to attend all six training weekends.
3. I can commit to two years of service starting from the end of the training.
4. I have read the information pack and I understand what is involved in the support worker role (see information pack).
5. **How did you hear about us?**

**Please tick as appropriate or add in.**

Word of mouth

From someone who did this training before

Facebook

Advertiser

Independent

Galway Volunteer Centre

GCS Newsletter

Galway Bay FM

Activelink

Other, which was:

1. **What is your motivation to apply for the role of SATU support worker at Galway Rape Crisis Centre?**
2. **Please list any relevant experience from your own life. (For example being a carer or supporting a friend emotionally.)**
3. **Please describe the challenges in this situation and how you dealt with them.**
4. **What did you gain from the experience?**
5. **Please list any relevant volunteering or professional experience you may have.**
6. **What were the challenges in this role and how did you deal with them?**
7. **What did you gain from the experience?**
8. **Have you any experience of personal work? (i.e. Have you attended counselling, used body work, workshops, group work or any other form of healing work).**
9. **How many sessions of this work did you attend approximately of each therapy?**
10. **How do you feel you gained from the experience of personal work?**
11. **During the training, we ask trainees to undertake a minimum of 10 hours personal psychotherapy at their own cost. (We do have a list of therapists who operate a sliding scale.) Can you and are you willing to make this commitment?**
12. **How do you feel you would gain?**
13. **What is your definition of sexual violence?**
14. **Why do you think rape and sexual assault happen in our society?**
15. **What would your response be to a woman who had become pregnant as a result of rape?**
16. **What do you think you would gain both personally and/ or professionally from volunteering in the role of SATU support worker?**
17. **What are some of the challenges you think you may face in this role?**
18. **What do you think it may be like for you working with people in the immediate aftermath of sexual assault or rape?**
19. **Please give a personal statement (approximately 300 words) why you think you would be suitable for this role and also addressing your potential challenges in this work.**
20. **Alongside this application please provide two written references from referees who have known you in a professional, volunteering, learning or community setting vouching for your suitability for this role.**

Please list your two referees here with their contact details.

Attach your references to this form, ~~or, alternatively, forward them later,~~ or bring them along to the interview, labelling them clearly with your name.

**Availablity for interview**

If you were called for an interview of 30-45 minute duration, please indicate below during which time slots are preferable to you. We will try and accommodate you where possible when allocating interview times.

|  |  |  |
| --- | --- | --- |
| **Day**  **Time** | **Mondays** | **Tuesdays** |
| **Morning**  9.30 a.m. to 1.00 p.m. |  |  |
| **Afternoon**  1.00 p.m. to 5.00 p.m. |  |  |
| **Evening**  5.00 p.m. to 7.00 p.m. |  |  |

Your signature: Date:

**Attach your application to an email and send to: training@grcc.ie**