 

***RCNI SEXUAL VIOLENCE SPECIALISATION TRAINING FOR COUNSELLORS IN RAPE CRISIS CENTRES***

**APPLICATION FORM**

**Rape Crisis Midwest**

**Phoenix House,**

**Punch’s Close,**

**Rosbrien Road**

**Limerick**

**Tel: 061 311511**

**Email** **info@rapecrisis.ie**

[**www.rapecrisis.ie**](http://www.rapecrisis.ie)

***Personal Details:***

**Name:**

**Address:**

**Mobile No:**

**Email address:**

**Date of Birth:**

**Counselling Qualifications: ………………………………………………………………………..**

**Other Relevant Qualifications: ……………………………………………………………………**

**Accreditation Body & Status of Accreditation: ………………………………………………….**

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| 1. GIVE YOUR REASONS FOR WISHING TO PARTICIPATE IN THIS TRAINING   |

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| 2. IF YOU HAVE ANY EXPERIENCE OF THE FOLLOWING PLEASE GIVE DETAILS: (a) WORKING WITH WOMEN’S / MENS / COMMUNITY / MENTAL HEALTH GROUPS.      |
|   (b) COUNSELLING (PLEASE GIVE DETAILS OF TRAINING RECEIVED)      |
|  (c) WORKING WITH OTHER ORGANISATIONS (PLEASE STATE WHICH ORGANISATION AND THE NATURE OF YOUR INVOLVEMENT:      |

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| 3. WOULD YOU REGARD YOURSELF AS A FEMINIST? YES NO *(please tick)*  *IF YES*, HOW WOULD YOU OUTLINE YOUR FEMINISM?       *IF NO*, PLEASE COMMENT ON THIS:      |

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| 4. WHY DO YOU THINK RAPE / SEXUAL VIOLENCE EXISTS?     |

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| 1. PLEASE GIVE A BRIEF PERSONAL HISTORY:

            ………………………………………………………………………………………......…………………………………………………………………………………………. |

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| 1. HAVE YOU HAD PREVIOUS INVOLVEMENT WITH A RAPE CRISIS CENTRE?

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| 1. ARE THERE ANY COMMENTS YOU WOULD LIKE TO MAKE?

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**PLEASE RETURN COMPLETED APPLICATION FORM TO:**

**Dr. Michelle Walsh**

**RAPE CRISIS MIDWEST**

**PHOENIX HOUSE**

**PUNCH’S CLOSE**

**ROSBRIEN ROAD**

**LIMERICK.**

**Tel: 061 311511 Email: michelle.walsh@rapecrisis.ie**

**CLOSING DATE FOR RECEIPT OF APPLICATIONS: 30/06/2022.**