The Therapeutic

Centre of Excellence

The Gold is in you

Our Team guides you to find it

Professionals Service Agreement

**Wanstead Wellbeing CIC**



**Wanstead Mental Health Clinic**

**The**

**Job Title: Affiliated Therapist**

**Days per week: As Per Client**

**Contractual Terms**: Freelance

**Pay rate:** From £45 per F2F Session (Fixed Increases based on Experience)

**Responsible to**: Clinical Director, Service Director, Operations Director

**About Us:**

Wanstead Wellbeing CIC Delivers a new approach to Counselling, Psychotherapy and Mental Health services. With over 20 years of private practice experience our Clinical Director brings together a functional and effective process to support professional development and maximise the delivery of Positive Client Experience.

We Offer​

* Assessment and Referral Services
* Multiple Therapeutic Pathways
* Community Support Seminars

We Deliver Counselling & Psychotherapy with

* Empathy
* Congruence
* Unconditional Positive Regard

**Confidential, Ethical and Professional Counselling & Psychotherapy**

**from Qualified Professionals**

**Our Values:**

* We keep clients at the heart of what we do
* We’re radically compassionate
* We say what needs to be said
* We’re compassionately disruptive
* We take care of ourselves seriously
* We take responsibility

**Who we are looking for:**

We are seeking Psychological Therapists / Psychotherapists / Counsellors

**This is an in-person Freelance Role based at our New Wanstead Mental Health Clinic Successful Applicants will be receive referrals from our Assessment Team, based on the Client Need.**

Priority will be given to candidates with the following specialisms:

* ADHD/ Neurodiversity
* Parenting
* Work stress/ work anxiety/ progression and direction at work
* LGBTQIA+ therapists with specialism in Sexuality & Gender Awareness
* Cultural issues/ world issues
* Health anxiety and long term health issues
* Nutrition, Weight, Shape and Health
* Alcohol, Gambling & Pharmaceutical addiction
* Anger
* Sexual Trauma / anxiety around sex/ psychosexual therapists
* Fertility, Pregnancy
* Postnatal depression
* 1976ers - Abuse in the Home Awareness
* Neurodiversity Awareness
* Play and Creative Therapy
* Military and Blue Light Awareness
* Education and Community Support
* Dementia Awareness
* Child and Infant Loss Awareness
* Physical Accessibility, Mobility & Hidden Conditions

Please **do not apply** if you’re not a qualified therapist. (Min Level 4 Diploma)

**Role Outline**

* To provide the highest standard of in-person short and long-term interventions.
* To be digitally competent and administratively rigorous across note keeping, and diary management
* To be in regular supervision (external) with optional support from the Clinical team at Wanstead Mental Health Clinic
* To have the capacity to work autonomously within ethical frameworks of the Voluntary Register (Professional Body) of your choice Such as APA, NCPS, BACP, UKCP and other recognised Voluntary Registers
* Liaising with other professionals to ensure safety and wellbeing of our clients
* Supporting us to continuously improve the quality of our service and safeguarding high standards of care by creating an environment in which excellence in mental health support will flourish

**Essential Knowledge and Skills:**

* Affiliated with appropriate Voluntary Register (Professional Body) of your choice such as APA, NCPS, BACP, UKCP and other recognised Voluntary Registers
* Applicants must demonstrate post-qualifying experience
* Extensive knowledge and experience of Risk management and working in partnership with relevant organisations to manage risk issues
* Extensive knowledge and experience of working with safeguarding issues and working in partnership with relevant organisations to manage safeguarding issues
* Have proof of Public Liability and Professional Indemnity Insurance
* Have be proficient and comfortable working with IT systems e.g. emails, report writing (as required),
* Ability to challenge outdated and rigid approaches to therapy whilst upholding the highest clinical standards
* Ability to be versatile and flexible in your approach therapy
* Current Enhanced DBS Clearance (or be willing to undergo this)
* A desire to shift the culture around mental health and be a part of something at the forefront of that evolution.

**Recognition For:**

* Specialist training in the support of those with Chronic, Acute and Hidden Medical Conditions
* Availability for working weekends
* Confidence in representing Wanstead Mental Health Clinic in other areas of its work (writing, presenting and delivering workshops, groups and talks)
* A rich lived experience that supports your professional engagement
* A deep understanding of our brand, preventative approaches, not just reactive.
* Psychosexual training and experience
* LGBTIQA+ experience
* Military Service History
* Knowledge, Understanding and Experience of Children’s Social Care and Justice Sectors

**Equal Opportunities Statement**

At Wanstead Wellbeing CIC, we don’t just accept difference — we celebrate it, we support it, and we are grateful for it because it enriches the work we do and the support we offer.

We are proud to be an equal opportunity workplace and we are dedicated to building a community the treats all members, from all backgrounds and experiences, equally.

We particularly welcome applications from those who are underrepresented within the field of Psychotherapy in the UK, including LGBTQIA+ and global majority communities

**Benefits and Opportunities:**

We are not a faceless, tech-driven organisation or a directory. We are a therapist-founded and therapist-led service that exists to improve the lives of others, challenge the status quo and do brilliant work. We are a community of therapists who support each other.

Working with us, as well as a diverse clinical caseload, you will get access to:

* Peer support groups and skill-sharing sessions with the best in the industry
* Regular CPD and opportunities for development
* Clinic Pals (peer support)
* Networking and Professional Promotion
* Social events

**Selection Process:**

1. **Completed Application (Below)**

Note: Terms & Conditions to be accepted at point of application\*

1. **Due Process & Verification of application**
2. **Interview with Clinical Team**
	1. **Objectives:**

To assess your skills and experience in relation to the specific demands of the role.

Opportunity to showcase the candidates self-awareness and professional support network.

* **Format**: In Person. On Site
* **Duration**: 45 minutes

**Successful Candidates**

Will receive the Wanstead Mental Health Clinic Service Handbook and Complete the Clinic Introduction, prior to any client engagement.

**\*** Terms & Conditions are publicly available via[**www.wansteadmhclinic.com**](http://www.wansteadmhclinic.com)

This is a mark of respect and transparency.

**Your Details**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualification Overview**

|  |  |  |
| --- | --- | --- |
| Qualification: | Date of Qualification: | Qualifying Body: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Insurance Overview**

Do you have Insurances in place for your Therapeutic work?

Yes No

If Yes, **Please provide copies as an attachment to your application****.**

**Supervision Overview**

Please give details of your monthly hours of Supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your Supervisor is an APA Member, please give their Membership Number \_\_\_\_\_\_\_\_\_

\*Only Supervisors of Successful Applicants for Referrals will be contacted. \*\* Applicants for Direct Access will have details held on file.

**Voluntary Register Affiliation**

Name of Voluntary Register:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Client Base you work with**

Do you work with children and / or vulnerable adults?

Yes No

If yes. Please give details of your DBS / Disclosure Scotland Certificate.

Date of Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ref / Cert Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please ensure to include a digital copy of your certificate.**

**Only Professionals with the appropriate Proof of Certificate will be permitted to work with children and Vulnerable People.**

Do you intend to work with children and / or vulnerable adults in the next 12 months?

Yes No

Do you work with those experiencing Addiction?

Yes No

If yes. Please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Experience**

Are You:

Employed In Private Practice Both

**If Employed,** Please provide

Name of Employers Business:

Telephone No.

Address of your place of work

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website of your Employer:

Your Title:

Named Contact:

How long have you been employed?

**If in Private Practice,** Please provide

Name of Your Business:

Telephone No.

Address of your place of work:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website of your Business:

Your Title:

How long have you been in Private Practice?

**Type of Affiliation you wish to hold**

**Referral Team** **Up to 3 years Post Qualified Experience**

**Consultants Team Up to 5 years Post Qualified Experience**

**Specialist Team**  **Over 5 years Post Qualified Experience**

**Referral Payments will be made to you Via Bank Transfer:**

Name on Account:

Bank:

Account Number:

Sort Code:

Referral Payments are made at the rate and process outlined in the Terms & Conditions.

All Invoices for payment must be submitted by 1600hrs on Friday of each week, for Payment to be processed on the following Monday (Tuesday when there is a Bank Holiday). Invoices received after the close of business on Friday will be processed the following week.

**Wanstead Mental Health Clinic** also offers support to Professionals that wish to grow their own Practice within an Ethical & Professional Environment.

**Direct Access (Room Rental) Plus Referral Team**

**Direct Access (Room Rental) Only**

|  |  |  |
| --- | --- | --- |
| Schedule  | In personPackage Minimum | Additional Single Session Access |
| Consultants Room | £250.00 PCM(Up to 5 sessions a week)= to £11.53 per session | £15.00Based on availability |
| Wellbeing Suite  | £350.00 PCM(Up to 5 sessions a week)= to £16.15 per session | £20.00Based on availability |

Note: Paying the Package Fee in advance secures the session limit at the value outlined above. Without advance payment all bookings will be costed at the Single Access rate.

**Profile Submission**

This will be available to our Assessment team to support them in the Referral process

Name:

What would you like a prospective client to know about you:

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

Please do not exceed 1 page

Position Statement

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm, that the information provided in my application is true and accurate. I hereby confirm I have read, accept and agree to abide by the Terms and Conditions, of Wanstead Wellbeing CIC.

In signing this declaration, I authorise Wanstead Wellbeing CIC to commence their due diligence. I am fully aware that this includes, confirming the details contained within this Service Agreement. Therefore, I give consent for Wanstead Wellbeing CIC to contact those persons named within.

I have included all required components of the Service Agreement and understand that the process will include an interview with Clinic Director of Wanstead Wellbeing CIC. I acknowledge that the interview is intended to provide an opportunity to demonstrate my capacity for self-awareness, and capability to support my clients and the wider therapeutic community.

I accept that any attempt on my part to mislead, deceive or manipulate the process will result in the immediate termination of the process.

I accept that unless specified by myself, in writing to Wanstead Wellbeing CIC via Wanstead Mental Health Clinic– The Therapeutic Centre of Excellence will be a rolling agreement and will continue to be paid as agreed in this Service Agreement.

Attachments and Inclusions with my Application

|  |  |  |  |
| --- | --- | --- | --- |
| Proof of Identity |  | DBS / Disclosure CertificateIf required |  |
| Proof of Address |  | Permit to WorkIf required |  |
| Qualification Certificate  |  | Evidence of Insurances  |  |
| Proof of PlacementPreferred Not Mandatory |  | Evidence of Supervision |  |
| Evidence of Employment (If Employed) |  |

I understand and appreciate that my affiliation with Wanstead Wellbeing CIC via Wanstead Mental Health Clinic– The Therapeutic Centre of Excellence, will be as an independent contractor and I am liable for all tax, insurance & legal liabilities, associated with my work.

I confirm my desire and intent to affiliate to Wanstead Wellbeing CIC via Wanstead Mental Health Clinic– The Therapeutic Centre of Excellence, with a minimum 2 months’ notice. As laid out in the Terms & Conditions of this Service Agreement.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_