



Application Form: Lyra International Counseling Affiliate

The information provided by the applicant is CONFIDENTIAL and is for the use of Lyra International and its affiliated companies only.

Should you be applying to support Lyra International Customers in a country where we work through a designated partner this application form will be shared with the local team who might require additional information.

The application form should be submitted to internationalrecruitment@lyrahealth.com

1. PERSONAL DETAILS

Country that you are applying to work in:	
Name & Title	
Gender	Male Female
Nationality/Citizenship	
If you are not a national of the country where you operate, do you have a valid work visa?	Yes No
Office Telephone Number:	
Mobile Telephone Number:	
Emergency Contact:	
Fax Number:	
Email Address:	
Clinic/Office Address:	
Which Language/s Do You Practice In?	
Which Other Languages Are You Fluent In?	

2. PROFESSIONAL TRAINING

2.1. Psychological/Counselling/Psychiatric Training Completed

(Attach separate sheets of paper or use blank back page if necessary; please include copies of certificates or accreditations)

Course/s Title	Qualification	University/Institution	Dates Completed

2.2 Please list the professional associations of which you are a current member

(Attach separate sheets of paper if necessary or use blank back page)

Date of Registration	Name of Professional Association

2.3 How Many Years of Post Qualifying Experience Do You Have?

Please tick the most appropriate answer:

1 - 2	3 - 4	5 - 7	8 - 9	9 - 10	11 - 12	13 - 14
15 - 16	16 - 17	18 - 19	20 - 24	25 +		

2.4 Please give details below of clinical/professional of your last three jobs.

(Please also attach an up-to-date Curriculum Vitae.)

Dates	Job Title	Name of Organisation	Country	Key Responsibilities

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2.5 What is your preferred area of expertise?

2.7 Indicate if you have established clinical experience dealing with:

(please circle the correct answer)

Problem area:	Clinical Experience	Estimate clients seen. Circle for each area	Estimate clients seen. Circle for each area	Estimate clients seen. Circle for each area	Estimate clients seen. Circle for each area
Substance Abuse	Yes/No	<5	5-10	11-20	>20
Psychiatric Disorder	Yes/No	<5	5-10	11-20	>20
Children & Adolescents	Yes/No	<5	5-10	11-20	>20
Couples/Families	Yes/No	<5	5-10	11-20	>20
Eating Disorders	Yes/No	<5	5-10	11-20	>20
Critical Incident Debriefing	Yes/No	<5	5-10	11-20	>20
Aviation Psychology	Yes/No	<5	5-10	11-20	>20
Neuropsychology/ Psychiatry	Yes/No	<5	5-10	11-20	>20

2.8 Evidence Based Counselling Experience



Lyra International understands that each practitioner will have their own approach to goal orientated work and this is likely to be influenced by their style as well as their training.

Do you have regular experience of working on a short term, problem solution basis?

(please circle the correct answer)

Short Term Therapeutic Model	Please Indicate	Short Term Therapeutic Model	Please Indicate
Solution Focused Therapy	Yes/No	Behavioural Therapy	Yes/No
Cognitive Behavioural Therapy	Yes/No	Person Centred Counselling	Yes/No
Brief Psychodynamic Therapy	Yes/No	Integrative Therapeutic Counselling	Yes/No
Brief Couples Therapy	Yes/No	Dialectical Behaviour Therapy	Yes/No
Eye Movement Desensitization and Reprocessing (EMDR)	Yes/No	Motivational Interviewing	Yes/No
Rational Emotive Behaviour Therapy (REBT)	Yes/No	Emotionally Focused Therapy (EFT)	Yes/No
Acceptance and Commitment Therapy	Yes/No	Other Please State	

2.9 What clinical problems do you prefer NOT to work with?

(please tick the problem areas)

Problem	Please tick	Problem	Please tick
Alcohol Problems		Critical Incident Debriefing	
Substance Abuse		Domestic Violence	
Children /Adolescents		Abuse	
Couples/Families		Anxiety	
Neuropsychology		PTSD	
Depression		Disordered Eating	
Aviation		Self-Harm	



3.6 Affiliation with EAPs

- Do you work for another EAP? Yes/No
- If yes is that as an affiliate or member of staff? _____