Interventions Alliance EOI – Counselling Services

**Your Company:**

* Organisation Details:
* Organisation name
* Trading name (if different)
* Address
* Company registration
* Charity registration (if applicable)
* VAT registration

Contact details:

* Main contact
* Name
* Job title
* Contact address
* Telephone number
* Email address
* Legal status:
* Private limited company
* Charity / 3rd sector
* Public sector
* Social enterprise
* Consortium / SPV
* Other (please specify)
* Please confirm you operate within the UK. This includes data processing.
* Yes
* No

Please tell us which accreditations your Company holds:

* ISO27001
* MHFA registration
* other

**Your Experience**

* Please tell us which services you have experience in delivering
* Employability
* Training and qualifications
* Support services
* Please indicate the specialism(s) you have experience in delivering?
* Creative industries
* Domestic violence
* Drug or alcohol
* Ex-offender management
* Financial / benefits / debt advice
* Housing
* Interpreters
* Learning difficulties
* Legal
* Mental health
* Physical difficulties
* Self-employment
* Work experience
* Other (please specify)

**Your services**

* We are seeking delivery of the counselling support services outlined below: -
* Minimum of 6, Maximum of 20 – 50-minute (duration) counselling sessions per participant (plus an allowance for 10 minutes of administration time at the end of each 50-minute session – 60 mins in total)
* Remote Delivery
* The service to be offered will seek to address and change the way individuals think and behave to enable them to overcome complex barriers.
* The wider programme aims to give participants the skills to manage their issues and adopt positive, long-lasting changes in their lives that enables them to move closer to sustainable employment.
* Please tell us the benefits of your support services and why you believe that Seetec Pluss should select you as a partner. For example, what support would you offer participants, tracking progress, how accessible your services are to Participants and employees.
* Please outline the costs of your interventions, and what bulk discounts are available.