

जाहिरात

महिला व बाल विकास विभाग अंतर्गत महाराष्ट्र राज्य बाल संरक्षण संस्था पुणे.

राज्यातील सर्व ३६ जिल्हयांतील बालगृह, निरिक्षणगृह, आणि विशेष दत्तक संस्था इत्यादी मध्ये दाखल बालकांसाठी ११ महिन्यांच्या कालावधी करिता समुपदेशक (बाल मानसशास्त्रज्ञ) यांच्या व्यवसायिक सेवा घेण्याकरीता इच्छुक व पात्र समुपदेशकांकडून अर्ज मागविण्यात येत आहेत.

व्यवसायिक सेवेचा तपशिल, शैक्षणिक अर्हता, मानधन व अटी-शर्तीच्या सविस्तर माहितीसाठी तसेच नमुना अर्जासाठी www.wcdcommmpune.org या संकेतस्थळावर भेट द्यावी. व नमुद केलेल्या ई-मेल आयडी वर आपले अर्ज स्वच्छ पीडीएफ स्वरूपात पाठवावेत. mscps.state2@gmail.com या ई मेल आयडी वर केलेले अर्जच ग्राह्य धरले जातील. अर्ज भरण्याची अंतिम तारिख १३/०२/२०२०-२१ असेल.

वृत्तपत्रातील जाहिराती नंतर सदर विषयी भविष्यात सर्व सुचना उपरोक्त संकेतस्थळावरच दिल्या जातील. तरी इच्छुक उमेदवारांनी महाराष्ट्र राज्य बाल संरक्षण संस्थेच्या संकेतस्थळावर जावुन नमुद ईमेल आयडी वर अर्ज पाठवावेत.

Application for need based Empanelment as Child Psychologist/ Counselling Psychologist (CP) in 36 District of Maharashtra for professional services for the children in child care Institutions

LOCATION: All 36 Districts of Maharashtra.

Number of Position: Total 36 Position (One per District)

Last Date of Application: 13 Feb 2021

The WCD department seeks application from eligible Counselling Psychologist (CP) willing to be empanelled as professionals to provide counselling services to the children presented in front of CWC/JJB as well as admitted in Child care Institutes. One Child Psychologist in each District is to be empanelled for providing such services.

1. ROLE OF PSYCHOLOGIST:

Counselling psychologist (CP) shall conduct counselling through video conferencing to initiate & assess the condition. Child psychologist shall conduct the first interaction/assessment within the 48 hr of receiving request from DCPU/DCWCDO/CWC. The CP shall prepare a 'WORRY LIST' of the each child from the point view of individual child. Based on assessment the CP shall give clear plan of action to be implemented by the CCI and DCPU etc. With prior permission from concern authority, Child psychologist shall also visit the CCI, Observation Homes to follow up & counsel high-risk children to assess their progress through individual and group counselling.

2. DUTIES AND RESPONSIBILITIES:

1. Providing counselling services on telephone/ video conferencing app to children presented before JJB/ CWC and in CCI
2. Prioritise children in **High-Risk** Group for counselling services
3. Prepare "Worry List" from point of view of children counselled and provide it with professional advice to the DCPO/ PO IC/ DWCDO
4. Counselling services to be provided within 48 hours of being communicated by the DCPO/ PO IC/ DWCDO/ CWC/ JJB by email
5. Conduct visits to CCI for group counselling and follow up of high-risk children.
6. Keep utmost confidentiality regarding children and their privacy under all circumstances.
7. Conduct maximum 50 individual counselling through tele/videoconferencing for children per month at approved rates
8. Conduct by physical visit maximum 5 group counselling per month in pre-decided CCIs with appropriate permissions from CWC/JJB/ DWCDO
9. Share professional reports securely through email to DCPO/ DWCDO/ JJB/ CWC as the case may be.
10. Shall maintain such record for at-least 12 months from last counselling and share the same with DCPO/ DWCDO in prescribe format

3. ELIGIBILITY CRITERIA:

1. Full time Resident of same District is mandatory.
2. Practicing professional with proven practice
3. Graduate in Counselling Psychology/ Child Psychology with at least 60 % marks from a recognised University of India will be considered.
4. Full time Course only required
5. Post Graduate / PhD candidates in counselling psychologist/Child psychologist will be preferred
6. Women candidate will be preferred
7. Candidates must be proficient in Marathi/ English communication
8. Candidates must be proficient in using digital communication platforms
9. Candidate should not be a member on any management committee of any CCI taking any grant from State Government
10. Candidate should be at least 25 Years Old and Maximum 55 years old.

4. RISK CHILDREN:

1. Children with History of suicidal tendency/ violence/Abuse
2. Children in Conflict with Law
3. Children victims of POCSO Act
4. Adolescent girls child
5. Children with disabilities(Physical / Mental)

5. REPORTING FORMAT FOR COUNSELING PCYCHOLOGIST

1. Name of the Child (as reported by DCPO/ JJB/ CWC)
2. Age of the Child (as reported by the DCPO/ CWC/ JJB)
3. Sex
4. Address
5. Languages known by child
6. Educational Status of Child
7. Name of Guardians/ Parents (as reported by DCPO/ JJB/ CWC)
8. Date of Admission to CCI
9. Date of referral by DCPO/ CWC/ JJB
10. Date of Counselling
11. Is the child in High-Risk Category – Details
12. Worry List of the Child – anxiety of child related to financial hardships, bullying, violence by guardians, health issues, etc
13. Assessment by the CP-
14. Advise by the CP for well-being of Child
15. Next Assessment Due Date
16. Name & Signature of CP

6. REMUNERATION:

1. Online Counselling – Rs.350 per child Maximum 50 per month.
2. Physical visit and group counselling – Rs. 800 per session Maximum 5 Session in Month.

7. DOCUMENTS REQUIRED (signed by candidate and scanned to be uploaded with application form)

1. Photo ID (Pan card/ Aadhar card, Driving License)
2. Address Proof (Passport, Driving License, Electric Bill not older than 3 months)
3. Copy of Degree Certificate/ PG / PhD Certificates
4. PAN Card
5. Copy of Bank Passbook Account mentioned in form
6. Recommendation letter by any Gazetted officer/ Principal of last Professional College Attended IN **ANNEXURE A**(Compulsory)

8. SELECTION CRITERIA

1. Only one application by each candidate will be considered.
2. Application submitted at last will be considered.
3. Selection will be done only on the valid and completed forms received by Email on the basis of marks.
4. Older candidates will be selected is there is a tie.
5. Selected candidates will be informed by Email.
6. MSCPS may maintain a CP as stand by in case the selected CP is unable to give services.

9. MONTHLY PROGRESS REPORT TO BE SENT BY 30TH OF EVERY MONTH BY DCPO/DWCDO

1. Name of CP
2. Email of CP
3. Mobile of CP
4. Reporting Month / Year
5. No of Children counselled in the month (max 50)
6. No of CCI covered in above counselling –
7. No of visits made to CCI for group Counselling (max 5) –
8. No of CCI visited –
9. Have all reports received for the month – yes / no
10. Are report in prescribe format – yes/ no
11. High Risk Children covered in the month
12. Any delays in counselling -
13. Are the report by CP being shared with CCI/ Counsellors by DCPO/PO IC/ DWCO -yes/ no
14. Signature with Name – DCPO/ DWCO only

10. DUTY OF DCPO/ PO IC/ DWCDO

1. Maintain good communication with the CP
2. Maintain list of high-risk children in CCI with help of existing counsellors, extension field workers, social workers, superintendents of CCI, CWC, JJB.
3. Share basic details of such children who need counselling immediately every day after confirming from CWC/ JJB after which the CP shall complete the counselling by VC within 48 hours.
4. Coordinating the video conferencing with CP and child in the CCI for proper timing.
5. Taking reports from the CP and giving them officially and securely to the counsellors, social workers in CCI to take appropriate action. Maintain record of such reports given to the CCI staff for monitoring.
6. Monitoring the response to the advice given by the CP by the CCI staff and making necessary interventions for compliance.
7. Monitor the pendency of reports with the CP regularly
8. Share findings and progress with CWC/ JJB in regular meetings.
9. Sending the monthly work report by CP to the MSCPS office by 30 th of every month in prescribed format

11. HPW TO MAKE APPLICATION:

Interested candidate can send their updated Application to: mscps.state2@gmail.com with Subject line "Applying for the position for Counselling Psychologist for _____(with District name)"

12. REFERENCE:

"SOCIALNET INDIA.ORG"

13. To continue receiving such Govt. Jobs Information

To keep receiving similar jobs notification,
Grant Opportunities,
Project Opportunities
On your personal WhatsApp please register here (PAID SERVICE)

***if already registered kindly ignore
Link**

<https://forms.gle/8shQCGRaFSH6eroW6>

APPLICATION FORM FOR THE EMPANELMENT OF COUNSELLING PSYCHOLOGIST/ CHILD PSYCHOLOGIST

1. APPLICANT INFORMATION

First Name: _____

Middle Name: _____ Last Name: _____

Gender: Female Male Transgender

Date of Birth: _____ Place of Birth: _____
(City, State)

Residential Address

Street Address: _____

City: _____ State: _____ Pin Code: _____

Phone: _____ Period of stay at this address: _____

Professional Communication Address

Street Address: _____

City: _____ State: _____ Pin Code: _____

Phone: _____

Persona Details

Adhar No _____

PAN No. _____

Bank Account No _____ IFSC Code: _____ Name of Bank: _____

Mobile: _____ Email ID: _____

1. EDUCATION AND TRAINING

List in chronological order.

| Course name | Qualification | University | Marks Obtained |
|-------------|---------------|------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

3. WORK EXPERIENCE

1. Employer: _____ Position: _____
 Address: _____
 From: ____ / ____ / ____ To: ____ / ____ / ____
 Primary Duties: _____

2. Employer: _____ Position: _____
 Address: _____
 From: ____ / ____ / ____ To: ____ / ____ / ____
 Primary Duties: _____

4. BRIEF DETAILS OF PROFESSIONAL ACHIEVEMENT

5. ADDITIONAL INFORMATION ON:

1. Name & Designation of Officer/ Person who has given recommendation
2. Video Conferencing App used professionally
3. Languages Spoken – specify correctly
4. Ability to work on computers –
5. Whether registered on Health Apps like Practo/ Lybrateetc – (Details if Yes)
6. Whether candidate is on a Managing Committee of any CCI funded by State Government – Yes / No
7. Whether the candidate has any offence registered against him/ her in police records anywhere in India – Yes / No
8. Documents attached list
9. Signature with name and professional seal.

I hereby declare that all the details mentioned above are true, I hold the responsibility for the correctness of the above-mentioned particulars

Date: _____

Place: _____

sign: _____

ANNEXURE-A

Format for Recommendation Letter

I.....resident of.....have known Shri
who is a practicing Counselling Psychologist / Child Psychologist based in -----in
district -.....since year.....

Signature

Name & Designation + contact details

Seal of Office

To continue receiving such Govt. Jobs Information

To keep receiving similar jobs notification,
Grant Opportunities,
Project Opportunities
On your personal WhatsApp please register here: (PAID SERVICE)

***if already registered kindly ignore**

LINK:

<https://forms.gle/8shQCGRaFSH6eroW6>