**Trainee Counsellor Volunteer Placement Application Form @Mind in West Essex**

Private & Confidential

Please attempt to answer all relevant questions in full. This information will be used to select candidates for placements.

Please complete and return this form preferably via email or to the following address by deadline 31st July 2019:

Student Counsellor Placement Applications

Mind in West Essex

45 Stortford Road

Great Dunmow

Essex

CM6 1DQ

**Email:** studentcounsellors@mindinwestessex.org.uk

|  |
| --- |
| How did you hear about our placement opportunities? |

**PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Title: | Surname: | First Name: |

Address: (if you have lived at this address less than 3 years please provide previous address) ……………………………………………………………………………………………………….

Current …………………………………………………………………………………………………………

Previous (if applicable) ……………………………………………………………………………………………………………………...……………………………………………………………………………………………………………………….

Telephone

|  |  |  |
| --- | --- | --- |
| Home: | Mobile: | Email: |

**Please state why you wish to apply for this post, include the reasons why you think you would be suitable and the experience and abilities you would bring to the role?**

|  |  |
| --- | --- |
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|  |  |
|  |  |
|  |  |

**COUNSELLING QUALIFICATIONS**

Please list all relevant qualifications completed

|  |  |  |
| --- | --- | --- |
| College/University | Qualification/Grade | Date Achieved |
|  |  |  |

|  |
| --- |
| **TRAINING**Details of counselling training course currently undertaking:-  |

Training Provider Name:

Name of Course:

Address of Course:

Course Contact:

Name of Tutor:

Contact Phone Number(s):

Fitness to Practice Letter/Clinical Reference Contact Details:

Details of Counselling Training Qualifications already achieved:

Exact Stage you are currently at in your training:

Counselling Experience – Number of Clinical Hours if any:

Evidence of BACP/UKCP membership enclosed? Yes€ No€

(Requirement is for membership to be held for a minimum of 1 year)

Fitness to Practice Letter enclosed? Yes€ No€

I confirm that I will abide by the Ethical Framework and the code of ethics of my chosen organisation as above: please tick€

**Placement Venue Choice**

Great Dunmow€ Harlow€

**Availability**

Please include times when you are available

|  |  |
| --- | --- |
| Mondays |  |
| Tuesdays |  |
| Wednesdays |  |
| Thursdays |  |
| Fridays |  |

**RELEVANT EXPERIENCE**

List all counselling work or other relevant work with people

|  |
| --- |
| Dates, Position/Title, Description of Job Role |

**REFERENCES**

Please provide two referees; one should be your most recent employer/placement manager/course tutor.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Position |  |  |
| Your relationship to referee |  |  |
| Email & Tel Number |  |  |
| Postal Address |  |  |

**ADDITIONAL INFORMATION**

Are you related to any trustee/current employee/service user? Yes€ No€

Do you have a personal or social relationship with any trustee/employee/service user? Yes€ No€

Under the Rehabilitation of Offenders Act 1974, all criminal convictions must be disclosed. Failure to do so will result in immediate termination of employment.

Please specify any convictions………………………………………………………………….

*If you are applying for a job working directly with clients you should also disclose any spent convictions or cautions, reprimands or final warnings given to you by the police or any other information that may have a bearing on your suitability for this post.*

If you have no convictions please write ‘NO CONVICTIONS’ below:

…………………………………………………………………………………………..

**DECLARATION**

The information provided by me, to the best of my knowledge, is correct. I understand that my application will be disqualified, or after appointment, disciplinary action taken, if I have knowingly given false information. I consent to this information being checked by Mind in West Essex and for it to be used during the recruitment process. I understand that in the event of a successful application an enhanced disclosure will be sought from the Disclosure and Barring Service.

Signed: ………………………………………………. Date: …………………………..

**CONSENT**

I give my consent to Mind in West Essex contacting my course tutors and/or supervisors

|  |  |
| --- | --- |
| Signature: | Date: |