



Office Use Only	
Interview Date	
Accepted	Not Accepted

Counsellor Volunteer Placement Application Form

Name:	<input type="text"/>	Contact Numbers
Address:	<input type="text"/>	Home: <input type="text"/>
		Work: <input type="text"/>
		Mobile: <input type="text"/>
Email:	<input type="text"/>	
D.o.B.:	<input type="text"/>	

DBS Checks

Do you have a current DBS? Yes No

If yes, when was it issued:

Please note all volunteers are required to undergo criminal record checks as provided by the Disclosure and Barring Service. This record check will include details of cautions, reprimands or final warnings, as well as convictions. A criminal record will not affect your chances of volunteering unless we decide it makes you unsuitable. The nature of the offence, how long ago and what age you were when it was committed, patterns of offending and any other relevant factors will be considered. Any information will be kept in strict confidence and will be stored securely. If these checks reveal evidence we believe makes you unsuitable to volunteer with us either at the start of the process or any time later, we will not be able to start/continue the volunteering relationship. By signing this application you are giving your consent to these checks being carried out at any time during your volunteering with Mind in Croydon.

Applications from ex-offenders are welcomed and will be considered on their merit. Items which we believe are irrelevant will not be taken into consideration, but you are required to disclose all convictions, including those which are spent by virtue of the Rehabilitation of Offenders Act 1974.

Have you ever been convicted of a criminal offence? Please answer/

Yes No

If your answer is YES, please give details of date(s) of offence(s) and sentence(s) passed.

The following questions are designed to provide a succinct summary of your experience and qualifications. There is an opportunity for you to elaborate on the coming pages.

Course Details

Present College/University	Name of Current Course	Date Stated	Areas Covered

Placement Availability & Commitment

	Mon	Mon Eve	Tue	Wed	Wed Eve	Thu	Thu Eve	Fri
Counselling Min: 3 client hours per week <i>(please state times)</i>								
Supervision 1½ hrs fortnightly It may not be possible to combine supervision on the same day as counselling	09.30 - 11.00		15.00 - 16.30	13.00 - 14.30	18.30 - 20.00	14.00 - 15.30		

Practical Counselling Experience

	No of hours	Orientation
Face to Face		
Telephone		
Group		
Personal Therapy		

Counselling Qualification/Training

Name of Course	Qualification	Date Attained

Describe the theoretical base of your training so far:

Personal Therapy

Tell us something of your experience:

Counselling Experience

Please give details of any practical counselling experience:

Please give details of any other relevant experience/voluntary work:

The Role of a Counsellor

Describe how you perceive the role of the counsellor and what particular skills you have to carry out this role:

What life experience(s), if any, may have an influence on your role as a counsellor:

Employment Record *(Starting with the most recent)*

Name of Employer	Job Description	Start Date	End Date

Referees

Please give the names and addresses of two references, one of whom must be from your tutor or equivalent from your current course:

Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	

Declaration

I certify that the information given above is a true and accurate record.

Signed:

Dated: