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| --- | --- |
| Office Use Only | |
| Interview Date |  |
| Accepted | Not Accepted |

Counsellor Volunteer Placement Application Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | Contact Numbers | | |
| Address: |  | | Home: |  | |
|  | Work: |  | |
|  | Mobile: |  | |
| Email: |  | | | | |
| D.O.B.: |  |  | | |  |

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 Started | Areas Covered |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

Placement Availability & Commitment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Counselling  Min: 3 client hours  per week  *(please state times)* | Mon | Tue | Tue Eve | Wed | Wed  Eve | Thu | Thu Eve |
|  |  |  |  |  |  |  |
| Supervision  1½ hrs fortnightly  It may not be  possible to  combine  supervision on  the same day  as counselling | 09.30  -  11.00 | 09.30  -  11.00 | 15.00  -  16.30 | 13.00  -  14.30 | 18.00  -  19.30  18.30  -  20.00 | 10.00  -  11.30 | 13.30  -  15.00 |

**2**

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: | | |

**3**

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: |

**4**

The Role of a Counsellor

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| --- |
| 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: |

**5**

Employment Record *(starting with the most recent)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employer | Job Description | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Declaration

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Dated: |  |

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: |  |

**6**