



Application form for volunteer/student counsellor placement.

If you need assistance completing your application form, please do contact us to discuss kerry@listening2u.co.uk

Date Application Form completed:

Full Name:

Address:

When did you move to this address? (month / year)

Email:

Date of Birth:

Telephone:

Mobile:

As a volunteer/student counsellor you will be working with vulnerable adults.

As part of the counsellor agreement you will require a DBS check do you currently have an in date one?

Yes/No

Employment Status:

Educational Qualifications

Date	School/College/Uni	Qualifications

Please give details of Counselling Training & Qualifications: including present training.

Dates	Organisation	Qualifications

Employment: (Please list in chronological order ending with the most recent)

Dates	Post held	Main responsibilities	Key achievements

Voluntary work:

Dates	Post Held	Main Responsibilities	Key Achievements

Please describe any other experience/work which you consider relevant:



Please tell us about your important life experiences to date:



Please describe any counselling/psychotherapy you have provided to others:



If you were selected as a volunteer/student counsellor, how do you think it might affect you, your life, and how would you use the training received?

- Listening 2 U -

Please give your reasons for applying for the post:

Counselling, Supervision, Training and Mediation



Please state any serious physical or psychological illness(es) you have had.

Supervision, Training and Mediation

If your application were successful, when would you be able to start a placement?

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If you have a disability, and require special facilities please tell us what these are:

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As a counsellor with Listening 2 U you will be working with vulnerable people therefore we want to know if you have ever been cautioned or convicted of a criminal offence?

Yes/No

If yes please state

Date of caution/conviction: Offence:

Where / When committed:

Please note that the Rehabilitation of Offenders Act 1974 does not apply to staff and volunteers working with vulnerable people.

A false declaration will result in being dismissed as a volunteer.

References

Please provide the names, addresses and occupations of two persons (not relatives) whom you have asked to act as your referees. Please indicate whether we can contact them prior to interview.

Referee 1:	Referee 2:
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Occupation:	Occupation:
Email:	Email:
Contact prior to interview:	Contact prior to interview:

Name a Contact Person from your clinical training organisation:	
Address of Training Organisation:	
Telephone number:	
Email address:	

To help us with our own monitoring please tell us where you found out about this vacancy:

I certify that the information given on this form is correct

Date: _____ Signed: _____

Please return the completed form to: kerry@listening2u.co.uk