**Counselling Placement Application** **Form**

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| --- |
| Please complete this form in full and return it:  By Email: [counselling@carrslanecounselling.co.uk](mailto:counselling@carrslanecounselling.co.uk)  By Post (marked private & confidential): Sandra Fabowale, Counselling Manager, Carrs Lane Counselling Centre, Carrs Lane, Birmingham, B4 7SX |

**1. Personal Details**

|  |  |
| --- | --- |
| Title: | Last name: |
| First names(s): | Former names(s) n/a |
| Home address: |  |
| Mobile Telephone number: | Home Telephone number: |
| Email address: |  |
| Date of birth: |  |

**2. Professional Qualifications**

Please give details of the course you are currently taking including the level. All our volunteer counsellors must hold, or be taking a Level 4 Diploma or a higher qualification in Counselling/Psychotherapy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | | College/University  (name & address) | Qualification  (subject, level, grade) | Course Tutor |
| From mth/yr | To  mth/yr |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Add additional lines if needed

**3. Relevant training**

Please include any additional training in support of your application.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | | Course Provider | Result |
| From d/mth/yr | To  d/mth/yr |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add additional lines if needed

**4. Professional Membership**

Please detail any membership you currently hold with professional regulatory bodies, for example, the British Association For Counselling & Psychotherapy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | | Organisation | Level Of Membership | Membership Number |
| From mth/yr | To  mth/yr |
|  |  |  |  |  |
|  |  |  |  |  |

Add additional lines if needed

**5.** **Work Experience**

Please briefly describe any paid or voluntary work experience you have in working with people under stress.

**6. Personal Experiences**

Please use this section to describe any psychological interventions (counselling, psychotherapy) that you have received and what you have learnt from these interventions.

**7. Additional Information in support of application**

Please tell us in no more than 300 words why you would like to volunteer as a Counsellor at Carrs Lane Counselling Centre.

**8 References**

Please provide the names, addresses and occupations of two referees who are willing to support your application. A current course tutor is not acceptable as a referee:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name 1 |  |  | Name 2 |  |
| Address  Postcode |  |  | Address  Postcode |  |
| Telephone  No |  |  | Telephone No |  |
| Email  address |  |  | Email address |  |
| Occupation |  |  | Occupation |  |
| Relationship to you |  |  | Relationship to you |  |

May we contact your referees at this stage without further reference to you?

Yes  No

**9. Data Protection Act**

The information collected in the form will be used in compliance with the provisions of the Data Protection Act and the General Data Protection Regulation (GDPR) 2018.

**10. Disclosure And Barring Service.**

Please note, before being allowed to work with clients at the Centre, all counsellors and students are subject to a satisfactory disclosure from the Disclosure and Barring Service.

**11. Certification**

I certify that, to the best of my knowledge and belief, the information I have provided is true. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

If you send your application by email, if selected for interview, you will be asked to sign your application form at your interview.

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