



VOLUNTEER COUNSELLOR APPLICATION FORM

POSITION	Volunteer Counsellor	Candidate No. (office use only)	
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Name:	Address:	Contact no.	Email:

Please outline your counselling training to date				
Date started	Date completed	Course Title	Training Provider	Qualification gained



EMPLOYMENT HISTORY (starting with most recent)				
Date Started:	Date left:	Employers name and address	Position held	Main duties and responsibilities



Details of Practical Counselling experience:

Please give details of all counselling sessions you have conducted. Please also describe the capacity in which you have been involved in these sessions (working in triads within college/university setting OR actual clients)

Please outline your core values and ethics and the major counselling framework you work in

Please explain why Centre of Change appeals to you as a work placement



All volunteer counsellors are expected to engage in personal therapy and to undertake regular supervision sessions. As part of your placement with us, you are entitled to in-house supervision (minimum of one hour per month. You are expected to see 3 clients per week, including at least one minor (under 18).

Please provide details of your personal therapist
Name:
Organisation (if applicable):
Contact telephone number:
Email:
Professional body he/she belongs to:

Please indicate days and times you are available to undertake client work	
<input type="checkbox"/> Monday: From.....to..... <input type="checkbox"/> Tuesday: From.....to..... <input type="checkbox"/> Wednesday: From.....to.....	<input type="checkbox"/> Thursday: From.....to..... <input type="checkbox"/> Friday: From.....to..... <input type="checkbox"/> Saturday: From.....to.....

Please indicate days and times you are available for supervision.	
<input type="checkbox"/> Monday: From.....to..... <input type="checkbox"/> Tuesday: From.....to..... <input type="checkbox"/> Wednesday: From.....to.....	<input type="checkbox"/> Thursday: From.....to..... <input type="checkbox"/> Friday: From.....to..... <input type="checkbox"/> Saturday: From.....to.....

REFEREES: PLEASE GIVE DETAILS OF 2 PROFESSIONAL REFEREES – Course tutor / Supervisor / Manager

Referee 1	Referee 2
Name	Name
Organisation	Organisation
Telephone	Telephone



Email Relationship to you	Email Relationship to you
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Equal opportunities monitoring form

This form is a monitoring tool and does not form part of your application process.

Completion of this form is not compulsory and will not affect your application in any way

POSITION: VOLUNTEER COUNSELLOR		Candidate No. (office use only)	
Name:	Address:	Contact no.	Email:
Which cultural, ethnic or racial group do you identify with?			
<input type="checkbox"/> White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> White – other European <input type="checkbox"/> White – Non – European <input type="checkbox"/> Asian – British <input type="checkbox"/> Asian – East <input type="checkbox"/> Asian – South		<input type="checkbox"/> Black – African <input type="checkbox"/> Black – British <input type="checkbox"/> Black – Caribbean <input type="checkbox"/> Black – European <input type="checkbox"/> Other (Including dual or mixed: Please state	
How would you describe your sexual orientation?			
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian		<input type="checkbox"/> Bisexual <input type="checkbox"/> Other – please state	
Please indicate your religion or faith group identity			
<input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu		<input type="checkbox"/> Sikh <input type="checkbox"/> Atheist <input type="checkbox"/> Other	
Which age range do you belong to?			
<input type="checkbox"/> 25-35 <input type="checkbox"/> 36-45		<input type="checkbox"/> 46-55 <input type="checkbox"/> Other – please state	
Do you consider yourself to have a disability?			
<input type="checkbox"/> Yes – please explain <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say			



Due to the nature of our work with children, young people and vulnerable adults, all staff at Centre of Change Counselling and Mentoring Service are required to undergo Enhanced Disclosures through the Criminal Records Bureau. A valid DBS certificate from previous employment is acceptable.

If you have any concerns about completing this part of the application form or want to discuss any issues related to past offences, please contact the Director at Centre of Change Counselling and Mentoring Service in confidence.

STATEMENT BY APPLICANT

I confirm that to the best of my knowledge the information given on this form is true and correct.

Signed: _____

Date: _____

Return completed Application and Equal Opportunities form to: -

Sarah Kiffin
Centre of Change Counselling and Mentoring Service
111 Chertsey Crescent
New Addington
Croydon
CR0 0DH

Centre of Change Counselling and Mentoring service,
Registered charity (England and Wales) No.1182201,
Registered Office: 111 Chertsey Crescent, New Addington, Croydon, CR0 0DH