Centre of Change Counselling and Mentoring Service
Guiding You to a Brighter Future
www.centreofchange.org.uk

Centre Of Change

VOLUNTEER COUNSELLOR APPLICATION FORM

POSITION	Volunteer Counsellor	Candidate No. (office use only)	

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)**

Details of Practical Counselling experience: **In brief, please state the exact number of client hours you have already completed and whether they have been in-person or online**
In-person: **Online/remote:**

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

Please give the details of any professional membership you have:
Name: e.g. BACP, UKCP **Number:** **Valid until:**

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 they belong to:**

Please indicate days and times you are available to undertake client work	
☐ **Monday:** **From……to…….** ☐ **Tuesday:** **From……..to……** ☐ **Wednesday: NO CLIENT WORK**	☐ **Thursday:** **From……..to……** ☐ **Friday:** **From……to……** ☐

Please indicate days and times you are available for supervision.	
☐ **Monday: From……to……** ☐ **Tuesday: From……..to……** ☐ **Wednesday: NO SUPERVISION SESSIONS**	☐ **Thursday: From……..to……** ☐ **Friday: From……to……** ☐

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

Referee 1	**Referee 2**
Name: **Organisation:** **Telephone:** **Email:** **Relationship to you:**	**Name:** **Organisation:** **Telephone:** **Email:** **Relationship to you:**

Centre of Change Counselling and Mentoring Service
Guiding You to a Brighter Future
www.centreofchange.org.uk

Centre Of Change

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?

☐ **White – British**	☐ **Black – African**
☐ **White – Irish**	☐ **Black – British**
☐ **White – other European**	☐ **Black – Caribbean**
☐ **White – Non – European**	☐ **Black – European**
☐ **Asian – British**	☐ **Other (Including dual or mixed): Please state**
☐ **Asian – East**	
☐ **Asian – South**	

How would you describe your sexual orientation?

☐ **Heterosexual**	☐ **Bisexual**
☐ **Gay**	☐ **Other – please state**
☐ **Lesbian**	

How would you describe your gender identity?

☐ **Male**	☐ **Non-Binary**
☐ **Female**	☐ **Other – please state**
☐ **Transgender (Male or Female)**	

Please indicate your religion or faith group identity

☐ **Christian**	☐ **Sikh**
☐ **Jewish**	☐ **Atheist**
☐ **Muslim**	☐ **Agnostic**
☐ **Hindu**	☐ **Other – please state**

Which age range do you belong to?

☐ **Under 25**	☐ **46-55**
☐ **25-35**	☐ **56-65**
☐ **36-45**	☐ **Other – please state**

Do you consider yourself to have a disability?

- ☐ **Yes – please explain**
- ☐ **No**
- ☐ **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: -

Diane Rouillon
admin@centreofchange.org.uk

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