|  |  |
| --- | --- |
| **Role:** | **Date:** |

*This form is for student or qualified counsellors to apply for voluntary (unpaid) roles. Please complete in full. Curriculum vitae will not be accepted as a substitute. Please complete electronically. Boxes will expand as you type. Add more rows to tables as required.*

|  |  |
| --- | --- |
| Surname: | First name: |

|  |  |
| --- | --- |
| Address: | Home tel no: |
| Mobile tel no: |
| Work tel no: |
| Email: |
| Languages spoken: |
| Where did you see this post advertised? |
| Preferred location of placement Altrincham / Bury? |

## Education and training

Please give details of education and qualifications obtained from secondary school, further and higher education, listing the most recent first.

|  |  |  |
| --- | --- | --- |
| Place of study | Dates | Qualification*please state subject & grade* |
|  |  |  |
|  |  |  |
|  |  |  |

## Employment

Please give employment details for the last 3 jobs or last 10 years, listing the most recent first.

|  |  |  |
| --- | --- | --- |
| Employer’s name, location and nature of business | Dates | Job title, outline of duties and reason for leaving |
|  |  |  |
|  |  |  |
|  |  |  |

## Voluntary work

Please give details of any voluntary work you have undertaken.

|  |  |  |
| --- | --- | --- |
| Organisation | Dates | Role |
|  |  |  |
|  |  |  |
|  |  |  |

## Counselling and/or supervisory training

Please give details of your training to date including courses or specialist training undertaken, listing the most recent first.

|  |  |  |
| --- | --- | --- |
| Place of Study | Dates | Qualification*please state subject & grade (if applicable)* |
|  |  |  |
|  |  |  |
|  |  |  |

## Counselling / supervisory experience

Please list other current placements/posts and all previous placements/posts.

|  |  |  |
| --- | --- | --- |
| Organisation | Dates | Client/supervisory hours |
|  |  |  |
|  |  |  |
|  |  |  |

## Membership of professional bodies

Please give details of any professional bodies of whom you are or have been a member.

|  |  |  |
| --- | --- | --- |
| Name of professional body | Dates | Category/grade of membership |
|  |  |  |
|  |  |  |

## Supporting statement

Please use this space to provide additional information as to how you meet the person specification for this role. Space expands as you type.

|  |
| --- |
|  |

## Rehabilitation of Offenders Act 1974

Because of the nature of some aspects of the work which you may undertake on behalf of The Counselling & Family Centre, this position is exempt from the provision of Section 4 (ii) of the Act by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provision of the Act. Any failure to disclose such convictions could result in the withdrawal of approval to work within The Counselling & Family Centre.

|  |  |
| --- | --- |
| Declaration: have you at any time received, or do you have pending, a caution, bind-over, reprimand, final warning, conviction or other relevant information? | Yes [ ]  No [ ]  |

Do you have any previous offences/s? If so, please give details as set out in Appendix A at the foot of this application.

|  |
| --- |
| As the work of the Centre is of an extremely sensitive nature would you be prepared to undergo an enhanced DBS check?Yes [ ]  No [ ] A criminal conviction does not mean you are automatically unsuitable to work at The Counselling & Family Centre |
| Have you ever been dismissed from a place of employment or a voluntary organisation? Yes [ ]  No [ ] If yes, give details below. This does not mean you are automatically unsuitable to work at The Counselling & Centre. |

## Additional information

|  |
| --- |
| Please let us know below if, due to a disability or ill health, we need to make any special arrangements in order to facilitate your interview or your working with us. |

## Days and times you are available for work

Please fill in the grid below to indicate the days and times you would be able to offer regular face to face counselling hours when life returns to ‘normal’

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning 9am – 1:00pm  | Afternoon 1:00 – 5:00pm | Evening 5:00 – 9:00pm |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |

## References & agreement

Please give the name, telephone number and the e-mail address for two people who have agreed to act as referees for you. If applicable we would prefer one of your references to be from a recent employer.

We will only contact referees should you be successful at interview.

If you are applying for a placement as a counsellor or supervisor, one of your referees should be someone who has known you in a professional capacity for at least one year and can comment on your work as a counsellor/supervisor. That person should be in a management or supervisory position e.g. course tutor, course supervisor, service manager etc. The second reference is a character reference and should be someone who has known you for at least three years (but not a member of your family).

|  |  |
| --- | --- |
| Referee name: | Referee name: |
| Position: | Position: |
| Organisation: | Organisation: |
| Telephone no: | Telephone no: |
| Email: | Email: |

I have received and read the accompanying Counsellor Information documents.

I confirm that I am able to begin working with clients, that I am available for all the mandatory induction and training and accept the requirement to pay a placement fee.

|  |  |
| --- | --- |
| Signed: | Date: |

Please check that to the best of your knowledge, all information given on this form is correct. To deliberately give false or incomplete information may make you liable to dismissal.

Please email the completed Application form, Appendix (if appropriate) and Equality monitoring form to:

recruitment@thecfc.org.uk

## Appendix A

This part of your application will be retained confidentially and only viewed by designated personnel.

Please complete this form if you have previous convictions whether, they are “spent” or not.

Please place this page is a separate email marking it:

“Confidential – Appendix to application form from [*your name*]”

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of Offence(s) (i.e. conviction, caution, bind–over, reprimand, warning or allegation) | Offence(s) | Date of Offence(s) | Disposal (if known) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If posting, seal Appendix A in a separate envelope within your main submission, marked *confidential*.