

**Application Form
Volunteer Counsellor****Title:****Surname:****First Name(s):****Any other surname(s) previously used:****Date of Birth:****Home Address:**

.....Postcode:

Telephone (Daytime) **(Evening)****(Mobile)****E-Mail address:****Do you have any special needs?****Present voluntary work:**

Dates	Organisation	Role / activity

Previous employment:

Dates	Organisation	Role / activity

Qualifications (educational/professional):

Dates	Name of College and Accrediting University	Qualification

Counselling Training

Please indicate the name of your training institution and its awarding body eg. CPCAB, BACP or UKCP and the approximate duration.

Formal Counselling qualifications:

Title of course	Dates/duration	Qualifications	Name of College / Training Provider

Brief outline of your Counselling course curriculum:

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Brief outline of your work / experience with young people:

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Counselling experience details:

As a counsellor:

As a supervisee:

As a client:

Supporting Statement (can use additional page)

In this section please give any additional information to support your reason for being interested in becoming a volunteer and include any strengths or interests you have to bring for the benefit of Youthline.

Referees:

Please give the name, position and address of two people to whom reference can be made.

One should be personal (not a relative) and one professional.

YouthLine takes up references for all applicants.

	1. Personal	2. Professional
Name		
Address		
Telephone number		
Email		

Health Declaration:

Do you have, or have had, any medical condition of which we, as a responsible voluntary organisation, would need to be aware? **Yes / No** (If 'yes', please give details)

Declaration (You are required to sign the declaration below certifying that all the information you have provided is accurate)

Youthline may wish to check of the details you have provided.

Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

Youthline is committed to safeguarding and promoting the welfare of children and expects its entire staff and volunteers to share this commitment.

I have read and understood the Youthline Data Protection Statement and Privacy notice found on our website <http://www.youthlineuk.com/get-involved/>

I declare the information on this form is correct and I have omitted nothing that, to the best of my knowledge, might affect this application.

Signature : Date:

WHEN COMPLETED PLEASE RETURN THIS FORM TOGETHER WITH *RELEVANT CERTIFICATES* TO:

Mrs S Gridelli, Clinical Lead, Youthline, The Lodge, Bagshot Road, Bracknell, Berkshire, RG12 7QS