** YOUTHLINE COUNSELLING SERVICE**

Photo

#  **Application Form**

 **Volunteer Counsellor / Placement Student**

|  |  |
| --- | --- |
| **Surname:**  | **First Name(s):** |
| **Maiden Name:**  | **Date of Birth:**  |
| **Contact Number:** | **Email:** |
| **Home Address:****Post Code:** |

**Do you have any additional needs**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Voluntary work:** (Most recent first)

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Organisation**  | **Role / activity** | **Reason For Leaving** |
|  |  |  |  |
|  |  |  |  |

**Employment :** (Most recent first)

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Organisation**  | **Role / activity** | **Reason For Leaving** |
|  |  |  |  |
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**Please mention any gaps in your employment history and reason/s for this:**

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**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:** (Most recent first)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of course** | **Dates/duration**  | **Qualifications** | **Name of College / Training Provider** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Additional Qualifications (educational/professional):** (Most recent first)

|  |  |  |
| --- | --- | --- |
| **Dates** | **Name of College and Accrediting University** | **Qualification** |
|  |  |  |
|  |  |  |
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**Brief outline of your Counselling course curriculum:**

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**Have you completed your college Readiness to Practice Assessment? YES / NO**

**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 your interest in becoming a volunteer counsellor / placement student at Youthline and include any strengths or interests you have to bring for the benefit of Youthline. (This box extends)

**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**
 | 1. **Professional**
 |
| **Name** |  |  |
| **Address** |  |  |
| **Telephone number** |  |  |
| **Email** |  |  |
| **Relationship:** |  |  |

**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)

Do you have any previous or current convictions or complaints against you? **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: …………………………….... Print Name: ……………………………………………. Date: ………………………….

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

**Mrs S Gridelli, Head of Counselling Services,** Youthline, 7 Portman Close, Bracknell, RG42 1NE

**Office Use Only**

**Application Checklist**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of training: \_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Received** | **List of requirements** |
|  | Application form  |
|  | CV  |
|  | Case study |
|  | Interview Date |
|  | Supporting Certificates |
|  | Coordinator’s Feedback from Interview |
|  | Safeguarding Training Dates |
|  | DBS |
|  | Induction Date |
|  | Rota Assigned |
|  | Group Supervisor: |
|  | Personal Supervisor |
|  | References: |

Rota Assigned: Starting date:

Information added to Master Data sheet: Yes/No

Pigeon hole assigned: Yes/No

Telephone list updated: Yes/No