** YOUTHLINE COUNSELLING SERVICE**

 **Group Supervisor Application Form**

**Title:** ……………………………………

**Surname:** ……………………………….

**First Name(s):** …………………………..

**Maiden Name:** ………………………….

**Home Address:** ………………………………………………………………………..

 ………………………………………Postcode: …………………….

**Telephone (Daytime)** ………………………………… **(Evening)** …………………...

 **(Mobile)** …………………………………..

**E-Mail address:** ………………………………………………………………………..

**Date of Birth:** ………………………………………………………………………….

**Do you have any special needs**? ……………………………………………………...

**Present work:**

|  |  |  |
| --- | --- | --- |
| Dates | Organisation  | Role / activity |
|  |  |  |
|  |  |  |
|  |  |  |

**Previous employment:**

|  |  |  |
| --- | --- | --- |
| Dates | Organisation  | Role / activity |
|  |  |  |
|  |  |  |
|  |  |  |

**Qualifications (educational/professional):**

|  |  |  |
| --- | --- | --- |
| Dates | Qualification  | Where obtained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Counselling Training**

*Please indicate the source of training, the approximate duration and the names of any trainers you recall.*

**i) Formal Counselling qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title of course | Dates/duration (hrs) | Qualifications | Trainers |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total hours:

Brief outline of your Supervision course curriculum:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**ii) Other substantial counselling training undertaken:**

|  |  |  |
| --- | --- | --- |
| Title of course | Dates/duration (hrs) | Training Institution and Accrediting University  |
|  |  |  |
|  |  |  |
|  |  |  |

**Counselling/Supervision Agency experience:**

***As a counsellor:***

***As a supervisor:***

**Supporting Statement**

In this section please give any additional information to support your reason for being interested in becoming group supervisor 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)

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

Signature : .………………………………………………….. Date: ………………………….

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

Collette Reynolds, Youthline, The Lodge, Bagshot Road, Bracknell, Berkshire RG12 7QS