river | counselling services

Second Floor, Block B, Old Kelways, Somerton Road
Langport, Somerset TA10 9SJ
hello@rivercounsellingservices.co.uk

Counsellor Application Form

Please complete this form in full as any incomplete applications cannot be considered. We accept both typed or handwritten applications, by post or by email. If you require this form in an alternative format, please let us know via email (above).

Personal Details:

Name:	D.O.B:
Address:	
Email address:	Telephone number:

Current Counselling Training and Experience:

Course title:	Training provider:	Start and End dates:
Please share the theoretical basis of your training and the method of delivery (online/in person/combination) – if combination, how is this split?		
Any additional relevant training or experience:		
Name of provider:	Course and Qualification:	Year attended:

Placement Availability

Please indicate your availability for clients below:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Eve							
Would you be open to working:							
Face to Face			Online/Video		Telephone		

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Please give details of any practical counselling or helping experience you have:
Roughly how many hours of counselling support have you received as a client and how has this influenced your journey thus far?

Your expectations/needs:

What are you looking for from an agency? (e.g. support and nurturing, autonomy and personal responsibility, opportunities for CPD etc)
How can we best support you as an individual throughout your placement? (e.g. with regular check ins, support around clients, leaving you to it!)
What would be the worst thing that could happen during your placement?

References

Please give the details of two referees, the first must be your current training provider	
Name:	Title and Organisation
Email:	Telephone number:

Name:	Title and Organisation:
Email:	Telephone number:
How do you know this person?	

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DBS:

Please note all volunteers are required to undergo criminal record checks as provided by the Disclosure and Barring Service. This record check will include details of cautions, reprimands or final warnings, as well as convictions. A criminal record will not affect your chances of volunteering unless we decide it makes you unsuitable. The nature of the offence, how long ago and what age you were when it was committed, patterns of offending and any other relevant factors will be considered. Any information will be kept in strict confidence and will be stored securely. If these checks reveal evidence we believe makes you unsuitable to volunteer with us either at the start of the process or any time later, we will not be able to start/continue the volunteering relationship. By signing this application you are giving your consent to these checks being carried out at any time during your volunteering with river counselling services.

Applications from ex-offenders are welcomed and will be considered on their merit. Items which we believe are irrelevant will not be taken into consideration, but you are required to disclose all convictions, including those which are spent, by virtue of the Rehabilitation of Offenders Act 1974

Do you hold a current DBS check?	Date issued:
Have you ever been convicted of a criminal offence? If yes, please give details of date(s) of offence and sentence(s) passed.	

Declaration

I certify that the information given above is a true and accurate record

Signed:	**Date:**

For office use only:

Date received:	Interview offered:
Interview date:	Result: