|  |  |
| --- | --- |
| Office Use Only | |
| Interview Date |  |
| Accepted | Not Accepted |

Text

Description automatically generated with medium confidence

Counsellor Volunteer Placement Application Form

|  |  |
| --- | --- |
| Name: |  |

|  |
| --- |
| Contact Numbers |

|  |  |
| --- | --- |
| Address: |  |
|  |
|  |

|  |  |
| --- | --- |
| Mobile: |  |

|  |  |
| --- | --- |
| Home: |  |

|  |  |
| --- | --- |
| Email: |  |

|  |  |
| --- | --- |
| D.o.B |  |

|  |  |
| --- | --- |
| Emergency Contact name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Number: |  | Relation: |  |

Course Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name of College/University | Name of Current Course | Date Started | Date Ended |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Placement Availability

|  |  |
| --- | --- |
| When are you available to start? |  |

|  |  |
| --- | --- |
| Are you a BACP or other professional body member? |  |

Mid Kent Mind’s Low Cost Counselling service offers face to face counselling at our Maidstone office,

as well as virtual counselling. Virtual counselling is conducted via telephone or Zoom.

Please select below which days and times you are able to commit to.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Face to Face | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Evening |  |  |  |  |  |

Virtual – Telephone and/or Zoom

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Education

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School/College | Start Date | End Date | Qualification |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Employment History (Starting with the most recent)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employer | Job Title & Responsibilities | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

The Role of a Counsellor

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| --- |
| Describe how you perceive the role of the counsellor and what particular skills you have to carry out this role: |
|  |

Supporting Statement

|  |
| --- |
| Please state below your reasons for wanting to join Mid Kent’s Mind counselling service, outlining your suitability for the role. |
|  |

References

Please give the names and addresses of two references, one of whom must be from your tutor or

equivalent from your current course:

|  |  |
| --- | --- |
| Reference 1 | |
| Name: |  |
| Working Relationship: |  |
| Organisation Name & Address: |  |
| Contact Number: |  |
| Email: |  |

|  |  |
| --- | --- |
| Reference 2 | |
| Name: |  |
| Working Relationship: |  |
| Organisation Name & Address: |  |
| Contact Number: |  |
| Email: |  |

DBS Checks

Please note that 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 Mid Kent Mind.

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.

|  |  |
| --- | --- |
| No |  |

Have you ever been convicted of a criminal offence?

|  |  |
| --- | --- |
| Yes |  |

If yes, please give details of date(s) of offence(s) and sentence(s) passed.

|  |
| --- |
|  |

Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that the information provided in this application is both truthful and accurate. I understand that any false misleading statements could place any subsequent voluntary role in jeopardy. | | | |
| Signed: |  | Dated: |  |