**![CASY_logo[1]]()**

**VOLUNTEER COUNSELLORS**

**APPLICATION FORM**

# Private & Confidential

Please complete this form in block capitals and return for the attention of Frankie Musgrove on office@casy.org.uk or post to CASY, 16 London Road, Newark, Notts NG24 1TW.

Feel free to continue on separate sheets if necessary.

Name: Mr, Miss, Mrs, Ms….………………………………………

 Preferred name...............................

Date of birth……………………… Ethnicity (optional) .............................................

Address:…..……………………………………………………………………………

………………………………………………………………………………………….

Tel:………………………………………email:………………………………………

**Counselling Training:**

Please list all training courses that you have undertaken. Please indicate any that you have not completed.

**From – To College name Qualification Hours (approx)**

**………………………………………………………………………………………….**

**………………………………………………………………………………………….**

**………………………………………………………………………………………….**

**………………………………………………………………………………………….**

**………………………………………………………………………………………….**

How would you describe your theoretical orientation?…………………………………

…………………………………………………………………………………………..

…………………………………………………………………………………………..

**Counselling experience:**

Please list your counselling experience. Give details of whether this was with a specific client group e.g. young people, or focused on a specific issue e.g. HIV counselling.

**From – To Counselling experience Hours (approx)**

 **Inc. group/ issues**

**…………………………………………………………………………………………**

**…………………………………………………………………………………………**

………………………………………………………………………………………..

Please state what you particularly want from working as a counsellor at CASY

………………………………………………………………………………………….

…………………………………………………………………………………………..

…………………………………………………………………………………………..

How long do you envisage working at CASY?………………………………………...

Have you had your own experience of counselling or therapy as a client? Yes………..No……….,if yes, please describe, briefly………………………………...

…………………………………………………………………………………………..

…………………………………………………………………………………………..

CASY expects that you have experienced at least 20 hours of personal therapy in all. If you have not had 20 hours of therapy do you agree to undertake this within the first 6 months of being in placement?

Yes………..No......................

Are you a member of the U.K.C.P.- United Kingdom Council for Psychotherapy or B.A.C.P. British Association for Counsellors and Psychotherapists Yes…………….No……………….

Are you a member of any other professional organisations? Yes.……..No…………

If yes, please state which………………………………………………………………..

Have you had an enhanced DBS done in the last 3 months........................................

**Supervision:**

Please describe/list your experiences of counselling supervision………………………

…………………………………………………………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

Please give name and address of your counselling supervisor:…………………………

…………………………………………………………………………………………..

……………………………………………….tel:………………………………………

Much of CASY counselling is within schools; would you be available to provide 3 hours per week within school hours?.....................If not when are you available to undertake your required 3 hours..............................................................................

When are you available to start counselling for CASY?……………………………….

………………………………………………………………………………………….

Do you have a disability or any specific needs that you would want to make us aware of so that we can provide appropriate support? Yes………………No……………….

If Yes please specify:…………………………………………………………………...

…………………………………………………………………………………………..

Do you have any criminal convictions? Yes…………….No……………

If yes, please list these on a separate piece of paper.

Please give us the names and addresses of 2 people who you have asked to provide references. One must be your (ex) counselling trainer/ or supervisor and the other should be someone who knows you more personally.

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| --- | --- |
| Name....................................................... | Name .......................................................... |
| Address .................................................. | Address........................................................ |
| ................................................................. | ..................................................................... |
| ................................................................. | ..................................................................... |
| Number ................................................... | Number....................................................... |

Please use this space for any other information/comments that you wish us to have in support of your application to become a volunteer counsellor at CASY.

|  |
| --- |
|  |

Please sign your name:

Signed:………………………………………….Date:……………………………….

Thank you for completing this application form. We will be in touch soon

Please bring the following information with you to your interview where possible

**For office use only:**

Name…………………………………………………………………

Date of interview……………………………………………………..

CRB Enhanced Disclosure no…………………………………………

CRB date………………………………………………………………

Identity check (documents checked)…………………………………..

References sent for (date)……………………………………………

References returned……………………………………………………

Qualifications checked

 (name qualifications)…………………………………………………

Is a UK Resident/has right to work in UK (NI no.)…………………..

List 99 check…………………………………………………………..

Passport size photograph provided……………………………………

Completed induction…………………………………………………..

6 month Supervision report returned…………………………………..