**A green and white sign with white letters

Description automatically generated**

**APPLICATION FORM**

|  |  |
| --- | --- |
| Candidate Reference Number: SP24 |  |
| **JOB TITLE** | Return to: All Things Counselling |
| Student placement | info@allthingscounselling.co.uk |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** (Please complete using block capitals and black ink) | | | | |
| Surname |  | Forename | |  |
| Address |  | | | |
|  | | | |
|  | Postcode | |  |
| Home Tel No |  | Work Tel No | |  |
| Mobile No |  | | | |
| Email address | | | | |
| How did you hear about our service? | | | | |
| Counselling Course Undertaken: | | | Location: | |
| Planned placement start date: | | | | |
| Course Tutor: | | | Contact Details: | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PROFESSIONAL QUALIFICATIONS** (Held or working towards) | | | | | | | |
| Professional Body/College/University | Dates | | | Course details and exam results | | | Date Obtained |
| From | | To |
|  |  | |  |  | | |  |
|  |  | |  |  | | |  |
|  |  | |  |  | | |  |
|  |  | |  |  | | |  |
| **RELEVANT SPECIALISED TRAINING OR COURSE ATTENDED** | | | | | | | |
| Course Taken | | Organised By | | | Location | Date | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBERSHIP OF PROFESSIONAL BODIES** Please give details of membership | | | |
| Name of Professional Body (e.g. BACP, IACP, BABCP, NCS etc) | Level/type of membership | Registration Details (e.g. Part of Register) | Expiry Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **SUPPORTING INFORMATION** |
| **Tell us why you are training to be a counsellor:** |
| **Tell us why you are choosing All Things Counselling Services for your placement:** |
| **Can you tell us about your personal attributes/experiences that help you as a counsellor?** |
| **What are your expectations for your student placement and what do you think some of the challenges may be?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERENCES** Please give details of two referees; one must be your current or most recent Line Manager or School or College co-ordinator. References from family or friends are not acceptable | | | |
| **REFERENCE 1** | | **REFERENCE 2** | |
| Name |  | Name |  |
| Job Title |  | Job Title |  |
| Organisation |  | Organisation |  |
| Address |  | Address |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Postcode |  | Postcode |  |
| Tel No |  | Tel No |  |
| Email address |  | Email Address |  |

|  |
| --- |
| **DECLARATIONS** Please ensure you sign and date this declaration before returning your application form. |
| **DATA PROTECTION ACT DECLARATION** - The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.  I understand that the information is being used to:   * Process my application for placement; * Form the basis of a computerised record on the recruitment system for processing and monitoring purposes; * Form the basis of a manual job file with other application forms and will be used for processing; * If appointed, form the basis of a manual and computerised placement record. |
| I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in dismissal or other disciplinary action.  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please note:**  All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults |