



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	

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