



HELP Counselling Services

REGISTERED CHARITY No 297034

Please complete in type or print, and return to:

Amanda Wilkes
HELP Counselling Services,
Bridge House,
Stallard Street,
Trowbridge,
Wilts.
BA14 9AE

Application for the post of Volunteer Counsellor

NAME:

ADDRESS:

HOME TELEPHONE NUMBER:

WORK TELEPHONE NUMBER:

MOBILE NUMBER:

EMAIL:

DATE OF BIRTH:

GENDER: MALE FEMALE

HOW DID YOU HEAR ABOUT THE POSITION?**HOW SOON AFTER AN INTERVIEW COULD YOU START:****References**

Please give the names and addresses of two referees, who should not be related to you, one of which should be your current or most recent employer.

NAME:
ADDRESS:

CONTACT NUMBER:
EMAIL:
RELATIONSHIP

NAME:
ADDRESS:

CONTACT NUMBER:
EMAIL:
RELATIONSHIP

If you are undertaking a course of training in counselling a letter of competence from your course tutor will be required. Please state:

TUTORS NAME:
COLLEGE ADDRESS:

COURSE TITLE:
CONTACT NUMBER:
EMAIL:

HOW MANY COUNSELLING HOURS HAVE YOU COMPLETED:

HOW MANY CLIENTS HAVE YOU WORKED WITH:

NAME OF SUPERVISIOR:

ADDRESS:

CONTACT NUMBER:

EMAIL:

Education, Training and Qualifications

Please give details, with dates, of your educational experience, training and any qualifications gained and when.

Employment

(Please include any relevant paid and unpaid employment including voluntary work)

| Name/Address | Job Title & Responsibilities | Paid? | Dates |
|---------------------|---|--------------|--------------|
| | | | |

HOURS & DAYS CURRENTLY WORKING:

DO YOU HAVE A DRIVING LICENCE? YES **NO**

DO YOU HAVE ACCESS TO A CAR? YES **NO**

Please give your reasons for applying for the post. What are the skills, interests, knowledge and experience which you would bring to the post?

As the work may involve access to the young, the old, the mentally or physically disabled and handling money, it is our policy, fully in accordance with the Rehabilitation of Offenders Act (Exceptions) Order 1976, to ask you to reveal all offences - including those that in other circumstances would be considered "spent". Please give details of any convictions, cautions or orders, in confidence.

Are you willing to complete an Enhance Criminal Record Bureau Check?

Yes No

DECLARATION

I confirm that to the best of my knowledge the information given in this form is true and correct and understand that it can be treated as part of any subsequent contract of employment.

Signed Date

MONITORING FORM

**THIS FORM WILL NOT BE SEEN BY THE SELECTION PANEL.
IT WILL BE USED ONLY FOR MONITORING PURPOSES.**

EQUAL OPPORTUNITIES - STATEMENT OF INTENT

HELP Counselling Services is committed to the principal of equality of opportunity, and action and regular review to make this policy fully effective. HELP Counselling Services aims to prevent discrimination against any of the job applicants or employees, volunteers or users of its services on the grounds of race, gender, religion, sexual orientation, responsibility for dependants, age, psychiatric history, disability or marital status.

Would you please provide the following information which will be treated as confidential but which will assist us to monitor and implement our Equal Opportunities policy. We would appreciate your co-operation. However, the success of your application will not be prejudiced by the information provided, or if you choose not to complete part or all of this form.

Using the following classification, how would you describe your ethnic origin. If you feel that you don't come within these categories, please state under 'OTHER' what you consider to be your ethnic origin.

BLACK **WHITE**

Caribbean **European**
(including British)

African

Asian

Other (please specify)

Are you now/have you ever been a user of mental health services? Yes No

Are you disabled? Yes No

Are you registered disabled? Yes No

Thank you for completing this form