

**APPLICATION FOR COUNSELLING STUDENT PLACEMENT**

**PERSONAL DETAILS**

**Title: \_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Have you applied for a placement elsewhere? \_\_\_\_\_\_\_\_\_\_**

**ACADEMIC BACKGROUND AND QUALIFICATIONS**

**Please give a brief overview of your academic background**

**Please state your counselling qualifications, including any you are currently working towards (most recent first)**

**Qualification name Awarding body Training institution Date**

**Please state any other qualifications you feel are appropriate:**

**Qualification name Awarding body Training institution Date**

**Are you a member of any professional counselling body eg BACP Yes/No**

**If yes, please state which one and the level of your membership**

**EMPLOYMENT HISTORY**

**Please list your employments starting with the most recent**

**Organisation Job Title Date**

**COUNSELLING EXPERIENCE**

**Have you had any counselling or listening skills experience? If so, tell us briefly about the context, frequency and what you have learned from it.**

**What is your preferred counselling model? Tell us briefly why you have chosen this model**

**If you have or have had a placement with another charity/organisation, how many counselling hours have you completed?**

**REASONS FOR CHOOSING COUNSELLING**

**Tell us something about your journey into counselling. Why do you feel attracted to it? What are your long term aims regarding counselling?**

**Now tell us why you feel the Well Counselling Service would be a suitable placement for you**

**FAITH AND SPIRITUALITY**

**The Well Counselling is a Christian organisation supported by Churches Together in Malvern. We work in accordance with the BACP and ACC codes of ethics and practice.**

**Do you feel able to volunteer within the Christian ethos of the Lyttleton Well? Yes/No**

**Please explain the reason you have reached this decision.**

**REFERENCES**

**Please give contact details for 2 referees. As we are a Christian organisation one of your referees may be your minister/church Leader or someone who has known you in a professional capacity. The other referee must be your course tutor or supervisor.**

**REFEREE 1: First name:....................................... Surname: ................................................................**

**Relationship to you: ...............................................................................................................................**

**Address......................................................................................................................................................**

**...................................................................................................................................................................**

**Phone: ..................................................................... Mobile:...................................................................**

**Email: .......................................................................................................................................................**

**REFEREE 2: First name:....................................... Surname: ................................................................**

**Relationship to you: ...............................................................................................................................**

**Address......................................................................................................................................................**

**....................................................................................................................................................................**

**Phone: .................................................................. Mobile: ....................................................................**

 **Email: .......................................................................................................................................................**

**Details of any current DBS check………………………………………………………………………………**

**Confirmation of readiness to practice: ………………… Please tick or cross appropriately and provide a date if applicable.**

**This form is kept as a paper or soft copy whilst you are volunteering at The Well Counselling, and may be retained for up to six years afterwards. This is due to the professional requirement to keep information against the possibility of a client complaint.**

**I give my consent to my personal data being held in this way**

**Name: …………………………………………………………………………………………………………………**

**Signed: ……………………………………………………………………………………………………………..**

**Date when completing this form: …………………**

*(Please feel free to use additional pages if you wish)*

Please return to: Head of Counselling,

Lyttelton Well, Church Street,

Great Malvern, Worcs. WR14 2AY.

Or email to: info @thewellcounselling.co.uk

Telephone: 07793 505832