

# St Barnabas Counselling Centre

## COUNSELLOR APPLICATION FORM

### SECTION ONE

#### PERSONAL DETAILS:

Surname	
Forenames'	
Nationality	
Address	
Home/Bus. Phone	
Mobile	
email	

**Please list any health or disabilities relevant to your work as a volunteer counsellor.**

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**Do you have any convictions other than spent convictions under the rehabilitation of offenders Act 1974 and are any proceedings pending?  
If Yes please provide details in the box below.**

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**EMPLOYMENT HISTORY**

**Please continue on another sheet if necessary.**

## SECTION TWO

### COUNSELLOR TRAINING AND ON-GOING EDUCATION

<b>Name of Institution'</b>	
<b>Course Name</b>	
<b>Theoretical Orientation</b>	
<b>Qualifications obtained or being completed</b>	
<b>Date of Completion of Course</b>	

**1. What formal counselling training have you undertaken or are you undertaking?  
Please attach photocopies of the relevant qualifications.**

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**2. Was/is this training a BACP accredited course?** Delete as appropriate  
**Yes / No**

If 'yes', go to Q.4

**3a. Did or does your main counsellor training offer a course lasting 450 hours or more?**

**Yes / No**

**3b. Did or does the course assess skills and practice?**

**Yes / No**

**(Please provide a brief description of competence assessment)**

**3c. Did or does the course provide opportunities for personal development**

**Yes / No**

**(If Yes ,please provide brief details)**

**3d.(i) How many client contact hours did or does the course require?**

**3d(ii) Did or does the course provide counselling supervision for your practice with these clients?**

**Yes / No**

**4. What other training or life experiences have you had, which are relevant to your work as a counsellor?**

**5. How do you bring the philosophy of your counselling orientation into your practice?**

**6. Have you specialised in any area of counselling work?**

**7. What has been your counselling experience? Please give details. (If in training, please give details of your counsellor placement work.)**

**7. a) How many supervised client contact hours have you completed in total?**

**8. Have you had personal therapy and for how long?**

**9. Are you a member of a professional Counselling body with its own Code of Ethics and Practice?**

**Yes / No**

**If yes, which organisation do you belong to?**

**SECTION THREE**  
**COUNSELLING AT ST. BARNABAS COUNSELLING CENTRE**

**1. Why do you want to do counselling in the voluntary sector?**

**2. Do you see a relationship between counselling and your own spiritual journey?**

**3. What qualities do you see yourself bringing to the environment of mutual support and team-work within the Centre?**

**4. Is there anything else you wish to tell us?**

## SECTION FOUR

### REFEREES

Please give the names and addresses of two referees who may be immediately approached for a confidential reference. One of these referees should be familiar with your clinical work and able to comment on your competence as a counsellor.

If you are in training, please ensure that one of the references provided below is from your course tutor.

<b>Name</b>	
<b>Address</b>	
<b>Contact Tel Nos.</b>	

<b>Name</b>	
<b>Address</b>	
<b>Contact Tel Nos.</b>	

**PLEASE RETURN THIS APPLICATION FORM TO:**

**Director of Counselling  
St. Barnabas Counselling Centre  
Derby Street  
Norwich, NR2 4PU**

To the best of my knowledge, all details on this application form are accurate.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_