**St Barnabas Counselling Centre**

**VOLUNTEER COUNSELLOR APPLICATION FORM**

**SECTION ONE**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Last Name |  |
| Forenames |  |
| Nationality |  |
| Address |  |
| Home Telephone |  |
| Mobile Telephone |  |
| Email |  |

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

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

**EMPLOYMENT HISTORY**

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

**SECTION TWO**

**Counsellor Training and on-going education**

|  |  |
| --- | --- |
| Name of Institution |  |
| Course Name |  |
| Theoretical Orientation |  |
| Qualifications obtained or being completed |  |
| Date of Completion of Course |  |

1. **What formal counselling training have you undertaken or are you undertaking?**

**Please attach photocopies of the relevant qualifications.**

1. **Was/is this training a BACP accredited course?**

**Yes / No**

**If no, please complete section 3 If yes, please go to section 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**

 **If yes, 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 or your counselling orientation into your practice?**

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

 **Yes / No**

**If yes, please give brief details.**

**7) What has been your counselling experience? Please give details.**

**(If in training, please give details of your counsellor placement work.)**

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

**8) Have you had personal therapy?**

 **Yes / No**

**If yes, 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. **If there is anything else you wish to tell us, please use this section:**

**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.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Contact Telephone Numbers:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Contact Telephone Numbers:** |  |
| **Email Address:** |  |

**Please Post your application form to:**

**Melpo Economou, Director of Counselling**

**St Barnabas Counselling Centre**

**Derby Street**

**Norwich**

**NR2 4PU**

**Or email** **director@stbcc.org.uk**

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

**Signed: Date:**