**Counselling, Psychotherapy & Group Therapy Services**

**Application for Honorary Individual and Group Counsellor/Psychotherapist**

|  |  |
| --- | --- |
| **Surname/Family Name:** | **First Name(s):** |
| **Address:****Postcode:**  | Telephone Number (s)* Home:
* Mobile:
* Email:

  |
| **How did you hear about the placement opportunity with us?** |  |

Education, Qualifications and Training

Please give details of your education, qualifications and any training you have had which are relevant to the role you are applying for (including Counselling/Psychotherapy)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of school, college, business or organisation** | Name of course/ **training programme** | From | **To** | **Qualifications, date obtained/subject of training programme/course** |
|  |  |  |  |  |

## Work History, including significant voluntary work. *(Please list in reverse order, i.e. current and most recent first)*

|  |  |  |  |
| --- | --- | --- | --- |
| From | **To** | **Employer/Voluntary Organisation details** | **Job title and main duties** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Which of these best describes your current status**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unemployed** |  | **Student** |  | **Retired** |  | **Carer** |  |
| **Employed part time** |  | **Employed full time** |  | **Long term Sick/Disabled** |  |  |  |

**LANGUAGES SPOKEN:**

**CLINICAL EXPERIENCE**: *Have you had any previous experience of offering counselling or psychotherapy? Please give details.*

**PERSONAL THERAPY**: *Are you currently, or have you previously been, in personal counselling or psychotherapy? Please give dates.*

# **Personal Statement**

*Please explain why you are interested in undertaking this role, and describe the qualities and abilities you feel you would bring to it. Continue on a separate sheet if necessary*.

**REFEREES**

*Please give the names of two people who can provide written references. At least one should be someone who knows you currently in a professional/training capacity (i.e. clinical supervisor or course tutor); the other someone who has known you personally or professionally for at least five years (e.g. current or recent employer).*

**Name: Name:**

**Address: Address:**

**Postcode: Postcode:**

**E mail address : E mail address:**

**Telephone: Telephone:**

**Occupation / Occupation/**

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

**AVAILABILITY**: *Please indicate days/times when you would be available for counselling and supervision. Please note that this is a daytime service open Monday – Friday only*

**COMMITMENT**: *How long would you anticipate volunteering with Age UK Camden? (We would like volunteers to join the service with the intentions of staying with the project 2 years)*

What we do with this information

The information in this form will be used for the sole purpose of recruitment. If you do go on to volunteer with us your details will be stored in line with our Privacy Notice and Schedule of Information, details of which you will receive at Induction.

If you do not go on to volunteer, we will delete all records after 6 months. Any information kept after that time will be statistical and anonymous.

**Emergency Contact:**

Name:

Address:

Full Postcode:

Tel No:

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this person agreed to be your emergency contact: Yes No

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Please remember to enclose with this application form the Equal Opportunities Monitoring and Criminal Convictions Forms.**
* **Forms can be scanned and emailed or sent in the post.**

Thank you for your interest in volunteering with Age UK Camden.

Please return this form to counselling@ageukcamden.org.uk or post it to,

Counselling, Psychotherapy & Group Therapy Services Manager

68 Parkway

Camden

London NW1 7AH

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