COUNSELLING VOLUNTEER APPLICATION FORM
STUDENT COUNSELLOR PLACEMENT

Please kindly complete this form to apply for Volunteer Counselling Placement roles with Age UK Northamptonshire and we will be touch.

EQUAL OPPORTUNITIES MONITORING FORM

In accordance with its policy on equal opportunities, the Charity will provide equal opportunities to any Volunteer applicant and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origins, sex, sexual orientation, religion or belief, marital status, age or disability.

In order to assess how successful this policy is we have set up a system of monitoring all Volunteer applications. We would, therefore, be grateful if you would complete the questions on this form. All information will be treated in confidence and will only be shared with relevant personnel.

GENERAL DATA PROTECTION REGULATION 2018 (GDPR)

Information from this application may be processed for purposes registered by the Charity under the GDPR 2018. GDPR gives you the right to request a copy of information we hold about you. We want to ensure that your personal information is up to date so you are able to request it is amended or deleted. If you would like a copy of information held about you, please email or write to us at the address at the end of this form. We aim to comply with requests for access to personal information within one month or receipt, unless there is a justifiable reason for delay.

First Name:		Surname:	
Date of Birth:		Gender: Ethnicity:	
Address: (Including postcode)			
Mobile Phone:		Home Phone:	
Email Address: **(Please supply)**			
First Language:		Other Languages Spoken:	

Do you have use of your own transport?	Yes / No

What type of licence do you hold?	Provisional / Full

TRAINING / EDUCATION

What course are you currently undertaking that requires you to complete a placement?

Which organisation are you currently studying with?

Course Leader details:

Course Leader Name:		Contact Number(s):	
Email Address (mandatory):			

How many client counselling hours do you need to complete?

Date fitness to practice signed off / expected to be signed off.
(Please provide a copy of your fitness to practice certificate)

Please describe the theoretical basis of your training so far and any particular areas of interest you have:

Please provide details for any Online & Telephone Counselling training you have completed

Professional Counselling Body

Professional Counselling Body Affiliated to:	BACP/ NCPS / UKCP / Other (Please provide details):
Student Membership Number and date due for renewal:	

EXPERIENCE

Please provide details of any practical counselling experience you may already have:

What experience do you have that you can bring to your role a Volunteer Counsellor with the Age UK Community Bereavement Service?

Why do you want to volunteer for the Charity as a Community Bereavement Counsellor?

AVAILABILITY

A minimum of 3 client hours per week is required. Please mark your availability with an 'X':

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
AM		AM		AM		AM		AM		AM	
PM		PM		PM		PM		PM		N/A	
Evenings		Evenings		Evenings		Evenings		Evenings		N/A	

Which areas are you able to volunteer in? Please mark areas accessible with an 'X'.

North Northampton - Kettering, Corby, Wellingborough	
South Northampton - Daventry, Towcester, Brackley	
East Northampton - Rushden, Higham Ferrers	
West Northampton – Northampton, Moulton	

ASYLUM AND IMMIGRATION ACT 1996
PROOF OF LEGAL RIGHT TO LIVE IN THE UK

Please indicate which of the following you are able to provide to prove your eligibility to live in the UK (please mark with an 'X'):

Valid European Union Passport		UK Driving Licence	

DISABILITY DISCRIMINATION ACT 1995

Do you require SMS / email contact due to deafness / hearing loss or other?

Yes		No	

Please provide details:

Do you have any specific or additional needs, i.e. accessibility

DISCLOSURE AND BARRING SERVICE

This volunteer role will require an Enhanced DBS (Disclosure and Barring Service).

Do you hold a current / valid Enhanced DBS:

Yes		No	

Please provide information of any criminal convictions, cautions, reprimands or any proceedings being instituted against you. All information is confidential and will be considered on an individual basis:

REFERENCES

Please provide full details of two referees who have given their permission to be contacted. Please note the Charity cannot accept references from family members or those who have known you under one year.

Referee 001

Name		Email (mandatory)	
Contact Number(s)		Address	
How long has this person known you?		In what capacity does this person know you?	

Referee 002

Name		Email (mandatory)	
Contact Number(s)		Address	
How long has this person known you?		In what capacity does this person know you?	

I give my consent to Age UK Northamptonshire processing the data supplied in this application form for the purpose of recruitment and selection.

I hereby give my consent (please mark with ☐ an 'X'):

Thank you for completing and your interest in volunteering with us.

Please return to: Volunteer Manager, Age UK Northamptonshire,
The William and Patricia Venton Centre, York Road, Northampton, NN1 5QJ

Email: volunteers@ageuknorthants.org.uk

Registered charity number 1059995