

**Norfolk and Waveney Mind Low Cost Counselling Service Placement Application Form**

# Private and Confidential: Service Manager Only

You should attempt to answer all relevant questions as fully as possible. This information will be used to select candidates for placements. You may attach additional documents such as a CV, however these will not be accepted as a substitute for the application form itself.

**Please complete and return this form preferably via email or to:**

**Counselling Services Manager**

**Norfolk and Waveney Mind**

**50 Sale Road**

**Norwich**

**NR7 9TP**

**Email: counselling@norfolkandwaveneymind.org.uk**

How did you find out about our Placement opportunities? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………

## PERSONAL DETAILS

Title: ……… Surname: ……………………………… First Name(s): ……………………….…

Do you prefer to be called by a different name? ……………………..…

Address (If you have been at this address less than 3 years, please also write in your previous address):

|  |  |
| --- | --- |
| **CURRENT** | **PREVIOUS** (if applicable) |

Telephone:

Home: ……………………………. Mobile: …………………………….

Email: ……………………………

Gender:

|  |  |
| --- | --- |
| 1 | Male (including trans man) |
| 2 | Female (including trans woman) |
| 3 | Non-binary |
| 4 | Other (not listed) |
| X | Not known (not recorded) |
| Y | Not Stated (declined a response) |

Ethnicity:

|  |  |
| --- | --- |
| A | White - British |
| B | White - Irish |
| C | White – Any other White background |
| D | Mixed – White and Black Caribbean |
| E | Mixed – White and Black African |
| F | Mixed – White and Asian |
| G | Mixed – Any other mixed background |
| H | Asian or Asian British - Indian |
| J | Asian or Asian British - Pakistani |
| K | Asian or Asian British – Bangladeshi |
| L | Asian or Asian British – Any other Asian background |
| M | Black or Black British - Caribbean |
| N | Black or Black British - African |
| P | Black or Black British – Any other Black background |
| R | Other Ethnic Groups - Chinese |
| S | Other Ethnic Groups – Any other ethnic group |
| Z | Not stated |
| X | Not known |

Please state why you wish to apply for this post, including the reasons why you think you would be suitable and the experience and abilities you have that fit the role.

## COMPLETED COUNSELLING QUALIFICATIONS

Please list any qualifications that you hold:

|  |  |  |
| --- | --- | --- |
| School/College/University/Organising Body | Qualification | Grade Achieved |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## TRAINING

|  |
| --- |
| If in training : details of counselling/psychotherapy course currently engaged in: |
| Training Institution Name: |  |
| Name of course: |  |
| Postal address of course: |  |
| Post code: |  |
| Course contact number: |  |
| Name of your main tutor for this course: |  |
| Contact details of your Main tutor for this course: |  |
| Contact phone number(s): |  |
| Fit to Practice letter / clinical reference contact details:  |   |
|  Details of training counselling/ therapy qualifications already achieved : |  |
| Exact stage you are currently at in your training: |  |
| Reference and Fit to practice letter from course enclosed? | Yes No  |

|  |  |
| --- | --- |
|  Counselling experience – number of hours if any: | N/A More than: ……….. hrs |

|  |  |
| --- | --- |
| Evidence of BACP/UKCP or Equivalent membership enclosed? (Requirement is for membership to be held for at least 1 year and 1 year in two subsequently  | Yes No  |
| If not BACP/UKCP what is relevant professional organisation? |  |
| I confirm that I will abide by the Ethical Framework and the code of ethics of my chosen organisation above: | Please tick  |

## RELEVANT EXPERIENCE

List counselling work or other work with people.

|  |  |  |
| --- | --- | --- |
| Dates & Duration | Position Held  | Details of type of work |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Number of clinical counselling hours with real clients if any (else write “None”): |  |

**PLACEMENT LOCATION CHOICE**

|  |  |  |
| --- | --- | --- |
| Please indicate if you would prefer a location. Circle both if you have no preference. | SALE ROAD | CITY |

|  |
| --- |
| Times, including evenings, when you are available for placement work. |
| Mondays |  |
| Tuesdays |  |
| Wednesdays |  |
| Thursdays |  |
| Fridays |  |
| Saturdays |  |
| When would you like to start? |  |

## REFERENCES

Please give details of two referees (who are not employed by Norfolk and Waveney Mind); one should be your most recent employer/placement or educational tutor.

References will be taken up prior to interview in order to strengthen your application.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Position |  |  |
| Your relationship to your referee |  |  |
| Email & Telephone Number |  |  |
| Postal Address |  |  |

## ADDITIONAL INFORMATION (Please circle the appropriate answer)

## Are you related to any Trustee/current employee/service user? Yes/No

(If the answer is yes please give details)

Do you have a personal or social relationship with any trustee/employee/service user?

Yes/No (If the answer is yes please give details)

Under the Rehabilitation of Offenders Act 1974, all criminal convictions must be disclosed. Failure to do so will result in immediate termination of employment. Please specify any convictions.

*If you are applying for a job working directly with clients you should also disclose any spent convictions or cautions, reprimands or final warnings given to you by the police or any other information that may have a bearing on your suitability for this post.*

If you have no convictions, please write ‘NO CONVICTION’ below:

…………………………………………………………………………………………………………

## DECLARATION

To the best of my knowledge, the information I have given is correct. I understand that my application will be disqualified or, after appointment, disciplinary action taken, if I have knowingly given false information. I consent to this information being checked by Norfolk and Waveney Mind and for it to be used during the recruitment process. I understand that, in the event of a successful application, if I am working directly with clients an Enhanced Disclosure will be sought from the Disclosure & Barring Service.

Signed: …...………………………………………………….. Date: ………………………………

## CONSENT

I give my consent to Norfolk and Waveney Mind contacting course tutors and/or supervisors.

|  |  |
| --- | --- |
| Signature: | Date: |