**VOLUNTEER COUNSELLOR APPLICATION FORM**

|  |  |
| --- | --- |
| **PRIVATE AND CONFIDENTIAL** | **Please complete in BLOCK CAPITALS** |
| Full Name: |
| Address:Postcode: | Home Telephone No:Mobile No:Email address: |
| Current Employment:Name and Address:Postcode: |  |
| Community/Volunteering Experience: |
| Dates | Name and Address of Organisation | Role | Duties |
| From | To |  |
|       |       |       |       |       |

|  |  |
| --- | --- |
| Name and Address of Counselling Training Organisation:Please give start and end dates of counselling courses. | Course Title and Modality: |
| General Qualifications and Training: |
| Please state number of 1:1 counselling hours delivered: |
| Name of Personal Therapist (if applicable): |
| Name of Clinical Supervisor: | Telephone Number: |
| Address:Postcode: |
| Your Counselling Availability: |
| Membership of Professional Body i.e. BACP, UKCP, BABCP: |
| Liability Insurance (amount and provider): |

|  |
| --- |
| Please give the names of two referees below, (not a member of your family): |
| Name: Address:Postcode:Occupation:Telephone no:Email address:Capacity in which known to you: | Name:Address:Postcode:Occupation:Telephone no:Email address:Capacity in which known to you: |
| Please tell us in not more than 200 words what qualities you would bring to our organisation at South East and Central Essex Mind: (Please continue on a separate sheet if necessary) |

|  |  |
| --- | --- |
| Please advise if there any reasonable adjustments, which you feel, should be made to assist you in your application.If yes please give details | Yes/No |

|  |
| --- |
| Have you ever been convicted of a criminal offence, which is not a spentconviction under the Rehabilitation of Offenders Legislation? Yes / NoIf Yes, please attach details in a sealed envelope marked confidential.Have you ever past or present been interviewed in connection with, or beenthe subject of any abuse investigation or enquiry? Yes / NoIf Yes please attach details in a sealed envelope marked confidential.Successful applicants will be required to undertake a Disclosure and Barring Service check. |

|  |
| --- |
| **HEALTH DECLARATION** |
| I am not aware that my past or current mental or physical health status would make volunteering detrimental to me or adversely affect anyone I many come into contact with. If you are unsure please discuss this at interview. |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Dated: |  |

 |
|  |

|  |
| --- |
| **DECLARATION OF APPLICANT**I confirm that the above information is correct.I understand that any false information or deliberate omissions will disqualify me from volunteering.I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application. I understand that the information provided will be used to make a decision regarding my suitability for volunteering and if successful the information will be used to form my personnel record and will be retained for the duration of my volunteering. If I am not successful, I understand that the Organisation will retain the form for as long as is deemed necessary. |
| Signed: |  | Dated: |  |
|  |

All successful candidates will be contacted for an interview.

**PLEASE RETURN TO**

**HR**

South East and Central Essex Mind Ltd

112a Southchurch Road

Southend-on-Sea

SS1 2LX

**EQUAL OPPORTUNITY AND DIVERSITY MONITORING**

South East and Central Essex Mind fully supports the principle of equal opportunities and firmly opposes all forms of unlawful or unfair discrimination or harassment on the grounds of sex, race/ethnicity, disability, age, religion/belief, sexual orientation, gender reassignment, pregnancy/maternity.

The information in this section is used to monitor the effectiveness of our Equal Opportunity and Diversity Policy and is entirely voluntary and plays no part in the selection process. This information will be treated in the utmost confidence and will only be used for statistical purposes therefore we hope that you feel comfortable completing this section.

|  |
| --- |
| **White**English / Welsh / Scottish [ ]  Irish [ ]  Gipsy or Irish Traveller [ ] / Northern Irish / BritishWhite Eastern European [ ]  Any Other White Background [ ] **Mixed / Multiple Ethnic Groups**White & Black Caribbean [ ]  White and Black African [ ] White & Asian [ ]  Any Other Mixed / multiple ethnic background [ ] **Asian / Asian British**Indian [ ]  Pakistani [ ]  Bangladeshi [ ] Chinese [ ]  Any other Asian background [ ] **Black / African / Caribbean / Black British**African [ ]  Caribbean [ ]   Any other Black / African / Caribbean background [ ] **Other Ethnic Group**Arab [ ]  Any other ethnic group [ ] **Refused** [ ]  |

|  |
| --- |
| **Date of Birth:** ……………………………**Gender:** Male [ ]  Female [ ]  Transgender [ ]  Other [ ]  please specify: …………………………………………………………**Sexual Orientation:** Heterosexual [ ]  Lesbian [ ]  Gay [ ]  Bisexual [ ]  Other [ ]  please specify: ……………………………………………… |