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| Logo  Description automatically generated | | **HELP Counselling Services** | | | | | | | | | | | | | | | | | | | | | |
| **Volunteer Counsellor Application Form** | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | |  | | | | | | | | | | Surname | | | | |  | | | | | | |
| First Line of Address | | | | | | | |  | | | | | | | | | | | | | | | |
| Second Line | | | | | | | |  | | | | | | | | | | | | | | | |
| Town/City | | | | | | | |  | | | | | | | | | | | Postcode |  | | | |
| Email |  | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number | | | |  | | | | | | | | | | | | | | | | | | | |
| Gender | | |  | | | | | | | | Date of Birth | | | | |  | | | | | Age |  | |
| **Student Counsellors** –  **Successful applicants will need their Tutor to complete our Fitness to Practice Form** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Place of Study | | | | | | | |  | | | | | | | | | | | | | | | |
| Name of Course | | | | | | | |  | | | | | | | | | | | | | | | |
| Final Qualification | | | | | | | |  | | | | | | | | | | | | | | | |
| Length of Course | | | | | | | |  | | | | | | | | | | | | | | | |
| What Year are you in? | | | | | | | |  | | | | | | | | | | | | | | | |
| Name of Tutor | | | | | | | |  | | | | | | | | | | | | | | | |
| Tutor’s Email | | | | | | | |  | | | | | | | | | | | | | | | |
| Contact Number | | | | | | | |  | | | | | | | | | | | | | | | |
| How many Client Hours have you Completed? | | | | | | | | | | | | |  | | | | | | | | | | |
| How many Clients have you had? | | | | | | | | | | | | |  | | | | | | | | | | |
| Are you in Personal Therapy? | | | | | | | | | | | | |  | | | | | | | | | | |
| **Qualified Counsellors** | | | | | | | | | | | | | | | | | | | | | | | |
| What is your Counselling Qualification? | | | | | | | | | | | | |  | | | | | | | | | | |
| Where did you train? | | | | | | | | | | | | |  | | | | | | | | | | |
| Are you BACP or UKCP Members? | | | | | | | | | | | | |  | | | | | | | | | | |
| Are you BACP or UKCP Accredited? | | | | | | | | | | | | |  | | | | | | | | | | |
| How many Client Hours have you Completed? | | | | | | | | | | | | |  | | | | | | | | | | |
| How many Clients have you had? | | | | | | | | | | | | |  | | | | | | | | | | |
| **References**  **One should be your last employer, please do not use your tutor as a reference, they will be asked to complete our ‘Fitness to Practice’ form if you are successful.** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Reference 1 | | | | | |  | | | | | | | | | | | | | | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | | | | |
| Relationship | | | | | |  | | | | | | | | | | | | | | | | | |
| Name of Reference 2 | | | | | |  | | | | | | | | | | | | | | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | | | | |
| Relationship | | | | | |  | | | | | | | | | | | | | | | | | |
| **What is your Availability** | | | | | | | | | | | | | | | | | | | | | | | |
| Monday AM | | | | |  | | | | Monday PM | | | | | |  | | | Monday EVENINGS | | | | |  |
| Tuesday AM | | | | |  | | | | Tuesday PM | | | | | |  | | | Tuesday EVENINGS | | | | |  |
| Wednesday AM | | | | |  | | | | Wednesday PM | | | | | |  | | | Wednesday EVENINGS | | | | |  |
| Thursday AM | | | | |  | | | | Thursday PM | | | | | |  | | | Thursday EVENINGS | | | | |  |
| Friday AM | | | | |  | | | | Friday PM | | | | | |  | | | Friday EVENINGS | | | | |  |
| **Education**  **Please Give Details of your Post 18 Education, Training and Courses** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment**  **Please give Details of your Employment History, Including Voluntary Work** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Tell us about you**  **We know that the journey you have taken to become a Counsellor is often the most important. We are interested in your personal growth and what has led you here** | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you Neuro Diverse? | | | | | | |  | | | | | | | | | | | | | | | | |
| If YES, What do we need to know to make a potential interview a comfortable and valuable process for you? | | | | | | | | | | | | | | | | | | | | | | | |
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| The work may involve access to the young, the old, the mentally or physically disabled and handling money, it is our policy, fully in accordance with the Rehabilitation of Offenders Act (Exceptions) Order 1976, to ask you to reveal all offences - including those that in other circumstances would be considered “spent”. Please give details of any convictions, cautions or orders, in confidence. | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you have an up-to-date DBS? | | | | | | | | | |  | | | | | | | | | | | | | |
| If NO, are you happy for HCS to apply for a DBS? | | | | | | | | | | | | | |  | | | | | | | | | |
| Is there any other information you wish to share? | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please email your completed application to laura@helpcounselling.co.uk** | | | | | | | | | | | | | | | | | | | | | | | |