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**APPLICATION FORM FOR VOLUNTEER COUNSELLORS**

(All information will be treated as confidential)

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| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Contact Number:** |  |
| **Email:** |  |

1. **Relevant Experience**

*Please provide details of any relevant employment experience, including paid or volunteer positions. Please include the name and address of the organisation(s).*

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| **Dates (from/to)** | | **Organisation** | **Position** | **Experience** |
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1. **Relevant Qualifications / Training**

*Please provide details of relevant qualifications and training that you have undertaken. If this training is accredited by a professional body, such as BACP, UKCP, NCS etc., please indicate this.*

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| **Dates (from/to)** | | **Organisation** | **Course** | **Accredited by** |
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1. **Professional body membership / accreditation**

*Please provide details of any professional body you are a member of.*

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| **Organisation** | **Status** | **Membership No.** | **Additional Information** |
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1. **Please let us know why you would like to volunteer with Kinergy:**

*Please continue on a separate piece of paper if needed.*

1. **What do you consider to be important when working with survivors of sexual abuse or rape?**

*Please continue on a separate piece of paper if needed.*

1. **How would you describe yourself as a counsellor?**

*Please continue on a separate piece of paper if needed.*

1. **Availability**

*Placements involve a 5-hour block once a week and will also require attendance of a 1-hour individual supervision session and a 1.5-hour group supervision session a month. Please let us know what availability you do have.*

**Referees**

*Please provide details of 2 referees. Referees cannot be family members, and student counsellors should include details of your tutor. References will be checked if an offer is been made.*

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| **Referee 1** | | **Referee 2** | |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Telephone No.:** |  | **Telephone No.:** |  |
| **Email:** |  | **Email:** |  |
| **Relationship:** |  | **Relationship:** |  |

I confirm that, to the best of my knowledge, all the information I have supplied on this application is true and correct and I also understand that, as this work involves contact with vulnerable people, this position is exempt from the Rehabilitation of Offenders Act (1974) and, therefore, additional appropriate checks will be made.

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

**Date:**

**Please return this form (along with our Equal Ops. form) to:**

coordinator@kinergy.org.uk or post it to: Kinergy, Mary Carpenter House, Kingswood Foundation Estate, Britannia Road, Bristol, BS15 8DB