



**Derby Women's Centre
Counselling Service Volunteer
Application Form**

Please fill out this form clearly in black or blue ink.	
Personal Details	
Full Name:	Date of Birth:
Current Address:	
Postcode:	
Email:	
Telephone Daytime	(Mobile)



Personal Statement

Please say why you want to counsel at Derby Women's Centre and which particular strengths you have to offer.



Course Synopsis

Please add an outline of the training programme you are on, the course content and training methods applied.



In order to offer our clients the highest level of service all unqualified counsellors must be in ongoing personal therapy. Supervision with qualified counsellors must be continuous and follow BACP/UKCP guidance.

Please obtain the necessary confirmation before you return the form to us.

Name of Therapist:	Name of Supervisor:
Contact Details:	Contact Details:
Qualifications:	Qualifications:
Length of time with this therapist:	Length of time with this supervisor:
Amount of Contact e.g. weekly/fortnightly	Amount of Contact e.g. weekly/fortnightly
	Unqualified
	Please state why you feel this student is ready for client work
Therapists signature	Supervisors signature



Professional Membership

It is advised that any you are a member of a professional body please state, the type and length of your membership.

Ethical Codes

The Derby Women's Centre has its own policies and procedures in place in addition to adhearing to these please state which other ethical guidelines you follow in your work, e.g. BACP, UKCP

Counselling Training

Institution/Organising Body	Length of Course & Year of Study	Qualification/ Accreditation

Counselling Hours required	Hours logged to date	Supervision Hours logged

**Counselling or Voluntary Work**

Please say where else you have undertaken any counselling or voluntary work and for how long. Include any private practice you may have.

Please give the names and addresses of two people who would be willing to act, as a referee.

(One must be your course tutor).

Referee 1:

Name:

Address:

.....

.....

Daytime Tel No:

Referee 2:

Name:

Address:

.....

.....

Daytime Tel No:

Signed: **Date:**

Please return to:

**Counselling Co-ordinator
Derby Women's Centre
4 Leopold Street
DERBY
DE1 2HE**

NB: References can be submitted with this application form. References alone will not guarantee a placement



If you are invited to attend a pre placement day, you will need to supply the following documents prior to the day

- **Completed Application Form**
- **Passport Photograph**
- **Availability if accepted**

Please note that there is no time for administration of documents on the day, which may exclude you from the day.

If accepted you will need:

- **Insurance**
- **BACP/UKCP Membership**
- **CRB Check – (can be arranged through the centre)**
- **Completed Medical and Emergency Contact Questionnaire**
- **Supervisor and Therapist details**
- **Evidence of Current Training**
- **Copies of Previous Training**
- **Signed Volunteer Counsellor Agreement**
- **To attend Peer Group Meetings**

