Open Adult Counselling Service

Application For:
Volunteer Qualified Counsellor/Therapist

For Service Use Only				
Date Received	Shortlist	Date & Time of Interview	Confirmed	Result
	Yes No			

Application for:	**Volunteer Qualified Counsellor**	

First Name	**Surname**	**Title**
Address		
Post Code	Telephone Number	
Email Address		

Availability – Please indicate by ticking the box below, with as many options as possible, which evenings and times are you available to see clients. **Please note that OACS Counselling Offices are open from 6pm – 9pm Monday to Thursday only.**

Example: Mon & Thurs 6pm – 9pm	Monday	Tuesday	Wednesday	Thursday	

Refereees Before returning the form, please include details of two referees: (a) one from your training organisation or current/past employer where you have worked as a counsellor and (b) another from someone who knows your counselling work (or other work) well, e.g. a clinical supervisor or alternative placement manager.

Please provide **contact information** below:

Referee 1	**Referee 2**
Name: Address: Telephone: Email:	Name: Address: Telephone: Email:

Personal Introduction - Please give a brief statement (about 300 words) introducing yourself personally, including personal interests and reasons why you believe OACS to be a suitable organisation in which to volunteer your expertise. Continue on separate sheet if necessary.

Qualifications - Details of Training - Please describe your counsellor training, making reference to all courses completed or being currently undertaken and giving details of the areas specified in the box below

Place of Training	Dates (From / To)	Qualification Achieved	Theoretical Model

Please give a brief summary of the key theoretical and experiential components of your training.	

Please provide details of your counselling work experience post qualification. A CV may be attached to this document should you wish to do so.	Date you qualified:
Please confirm that you have attained a Fitness to Practice Certificate	**YES/NO**

Please confirm whether you have made provision for your personal Clinical Supervision or whether you will require Supervision to be provided by OACS?	

Personal Counselling – OACS require a minimum of 40 hours individual counselling to have been completed prior to volunteering. Please give details of your own personal counselling, including dates, duration, theoretical orientation and contact details of your Counsellor. ***Please make it clear if you are currently in counselling or psychotherapy.***

From	To	Model	Total Sessions	Counsellor Contact Details

Permanent Employment/Voluntary Work - Are you currently working as a Counsellor for any other organisation? YES/NO

If yes, please provide the following information:

Where / Who (setting and client group)	Role (Counsellor, Volunteer etc.)	Is this work clinically supervised?	Start and End Dates (if applicable)	Number of Hours Completed

Areas of special interest: Please describe briefly any areas of special interest in respect of client presenting issues/problems.

Client presenting issues/problems that you prefer not to work with currently: Please briefly state your reasons.

Continuing Professional Development (CPD) - Please describe CPD you have completed. Please give dates and a brief description.

Professional Membership – Please give details of professional memberships, e.g., BACP, UKCP, BPS or equivalent bodies.

Professional Body	Date of Membership
Are you familiar with the BACP Ethical Framework?	As a counsellor, do you work in accordance with the BACP Ethical Framework?

Additional Requirements - If you were offered a position at Open Adult Counselling Service, are there any particular requirements you would like us to have in place? Please describe.

Other Information - Please give any other information you would like to give in support of your application?

Signature	Date