Open Adult Counselling Service

Application For: **Student Counsellor Placement**

Please read the accompanying notes before completing the application. Before returning the form, please give the contact details two referees: (a) one of which should be from your training organisation and (b) another from someone who knows your counselling work (or other work) well, e.g., a supervisor or alternative placement manager. Your application will not be considered without these details. References will be sought for those successful at the interview stage.

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 for the placement. **Please note that OACS Counselling Offices are open from 6pm – 9pm Monday to Thursday only.**

Please tick all eves you are available, but only one eve per week will be required, (to be discussed at interview)	Mon 6-9pm	Tues 6-9pm	Weds 6pm-9pm	Thurs 6pm-9pm

Referees – We will require **two** satisfactory references including written confirmation from your course tutor that you have attained a **Fitness to Practice Certificate.**
Please provide **contact information** for each referee

Referee 1 **(professional – one of the following)** **• a current or former employer/manager** **• Colleagues & Peers** **• Academic Contacts**	**Referee 2** **(personal- not a family member but someone who has known you for at least 2 years)**
Name: Address: Telephone: Email:	Name: Address: Telephone: Email:

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

Qualifications - Details of Training - Please describe your counsellor training so far, referring to all courses completed or being completed 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 confirm the stage you are at in your training and if all work has to date been completed.	**Date you qualified or expect to qualify.**
Please confirm that you have attained a Fitness to Practice Certificate. This MUST be obtained before we can offer an interview.	**YES / NO**
Please confirm you have an enhanced DBS certificate (with Barring) For the ADULT workforce & you have subscribed to the update service. This MUST be obtained before we can offer an interview	**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 15 hours individual counselling to have been completed whilst studying. Please give details of your own personal counselling, including dates, duration, theoretical orientation and contact details of your Therapist. Please make it clear if you are currently in counselling or psychotherapy.

From	To	Model	Total Sessions	Counsellor Contact Details

Student Placements - Are you currently working on any other student placements? YES/NO

If yes, please provide the following information:

Where / Who (setting and client group)	Role (Student Counsellor, Volunteer etc.)	Was 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 at this time : Please briefly state your reasons.

Continuing Professional Development (CPD) - If appropriate, please describe what other forms of CPD you have completed. Please give dates and a brief description.

Professional Membership – Please give details of any 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? If you are a member of another profession counselling body please state:

Additional Requirements - If you were offered a placement 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