**APPLICATION FORM – COUNSELLOR IN TRAINING**

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| --- | --- | --- | --- |
| **FULL NAME** |  | **UK National Insurance number** |  |
| **Gender** |  | **Email address** |  |
| **Mobile number** |  | **Membership of Professional Body** |  |
| **Full address including postcode** |  | | |

**AVAILABILITY**

Please indicate below the days of the week you would be available for your placement (please indicate am / pm or all day)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
|  |  |  |  |  |  |  |

**TRAINING COURSE**

Please provide details of the Training Course you are attending

|  |  |  |  |
| --- | --- | --- | --- |
| **TRAINING ESTABLISHMENT** | **COURSE TITLE** | **YEAR OF STUDY** | **QUALIFYING DATE** |
|  |  |  |  |

**PREVIOUS EXPERIENCE**

Please provide details of any previous counselling experience / placement hours gained with any other agency or any other experience relevant to your application.

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**SUPPORTING INFORMATION**

1. Please provide details of your Counselling application, providing details about what brought you to the profession, your previous experience and any other information to support your application.

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1. Please provide details specifically about your application to Therapy Centre Services, your reasons for applying for our Placement opportunities, what you can bring to our Counselling Service and what you hope for from us during your Counselling placement.

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**REFERENCES**

Please provide details of 2 references. Referees are only contacted for successful applicants after interview.

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| --- | --- | --- | --- |
| **Reference 1 (Name)** |  | **Reference 2 (Name)** |  |
| **Contact details** |  | **Contact details** |  |