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|  COUNSELLING PLACEMENT APPLICATION FORM |
| **Before completing this form please ensure that you meet the following criteria:*** You are able to provide written confirmation from your training agency that you have been sufficiently prepared for, and are ready for clinical practice (Readiness to practice)
* You have a clinical supervisor
* You are a member of an appropriate Governing Body e.g. BACP, UKCP
* You have a recent, up to date DBS check in place – or be willing to pay for one to be completed. £63.90
* Availability for induction on either 25th or 26th July 2025
* You are not a current or recent client of Nottingham Women’s Centre
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| PERSONAL DETAILS  |
| **FIRST NAME(S)**      | **SURNAME**      |
| **PREFERRED PRONOUN**      | **DATE OF BIRTH**      |
| **HOME ADDRESS**      |
| **DAYTIME TELEPHONE NO**      | **EVENING TELEPHONE NO**      |
| **MOBILE TELEPHONE NO**      | **EMAIL ADDRESS**      |
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| COURSE DETAILS |
| **COURSE TITLE**      |
| **TRAINING PROVIDER**      |
| **COURSE LENGTH**      | **START DATE**      |
| **NUMBER OF PRACTICE HOURS REQUIRED**      | **PREFERRED DAYS & TIMES FOR PRACTICE HOURS**      |
| **NAME OF CONTACT AT TRAINING PROVIDER**      | **CONTACT DETAILS**      |

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| DETAILS OF ANY PROFESSIONAL TRAINING RELEVANT TO THIS APPLICATION |
| **Schools, Colleges, Universities or Institutes of Further Education attended** | **Dates (Month/Year)** | **Qualifications gained, including Subjects, Grades or Results Expected** |
| **From** | **To** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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| PROFESSIONAL QUALIFICATIONS |
| **Details of any professional qualifications and/or membership of professional associations**      |
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| DISCLOSURE OF CRIMINAL BACKGROUND  |
| The post for which you are applying requires a Disclosure and Barring Service (DBS) check; you **MUST** provide information about ALL convictions. The information you provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying. |
| Have you ever been convicted of a criminal offence? | **YES** **[ ]**  | **NO** **[ ]**  |
| Have you ever been cautioned for a criminal charge? | **YES** **[ ]**  | **NO** **[ ]**  |
| Are you at present the subject of a criminal charge? | **YES** **[ ]**  | **NO** **[ ]**  |
| If **YES** to any of the above questions, please give brief details including dates      |
| If you are placed at Nottingham Women’s Centre, you will be required to complete a DBS application form. If you have any queries about the DBS check, or would like a copy of the DBS Code of Practice, visit the DBS’s website <https://www.gov.uk/government/publications/dbs-code-of-practice>  |

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| EXPERIENCE / SUITABILITY / INTERESTS |
| **Please outline** |
| **Your reasons for wanting a placement at Nottingham Women’s Centre**      |
| **Any work or other experience you’ve had that has required you to use some of the skills that are integral to counselling/psychotherapy**      |
| **Your own approach to, style of, or model of counselling/psychotherapy that you are developing**      |
| **Any other information that you would like to offer regarding your experience, suitability or interests** |
| **Anything needed for interview support e.g. arriving early and being given questions in advance, mobility or accessibility needs etc** |
| CLINICAL AREAS OF INTEREST YES if an area of interest, NO if an area you feel you would not be safe to work? |
| Anxiety |       | Attachment |       | Autism |       |
| ADHD |       | Boundaries |       | Care system |       |
| Carers |       | Childhood abuse |       | Childhood Sexual Abuse |       |
| Complex trauma |       | Court Processes |       | Cultural Issues/Refugees |       |
| Depression |       | Disability |       | Disordered eating |       |
| Gambling |       | Gender Identity |       | Grief / Bereavement |       |
| Identity Issues |       | Mental Health |       | Offending |       |
| Parentification |       | Parenting |       | Personality disorder |       |
| Physical Health |       | Poverty |       | Relationship issues |       |
| Religion / Spirituality |       | Self esteem |       | Self-Harm |       |
| Sex work |       | Sexual Harm |       | Sexuality |       |
| Social Isolation |       | Studying |       | Stress |       |
| Substance misuse |       | Suicide |       | Trauma |       |
| Work Issues |       | **Add any other areas of interest below** |
|       |       |       |       |       |       |

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| REFERENCES |
| Please give details of two referees who would be willing to give their opinion of your character and suitability for this placement. **One of these should be your clinical supervisor. Please ensure that one of them is an academic contact on your current training programme.** |
| REFEREE 1 |
| **NAME OF REFEREE**       | **NAME OF ORGANISATION**      |
| **JOB TITLE**      | **ADDRESS**      |
| **TELEPHONE**      | **EMAIL**      |
| REFEREE 2 |
| **NAME OF REFEREE**       | **NAME OF ORGANISATION**      |
| **JOB TITLE**      | **ADDRESS**      |
| **TELEPHONE**      | **EMAIL**      |
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| HOW DID YOU HEAR ABOUT COUNSELLING PLACEMENTS AT NOTTINGHAM WOMEN’S CENTRE?  |
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| IMPORTANT INFORMATION |
| **Due to the nature and sensitivity of our client group, it is an occupational requirement under the Equality Act 2010, Part 1, Schedule 9 for all staff and volunteer to be female** |
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| DECLARATION |
| **I declare that the information provided herein is true and accurate to the best of my knowledge. I understand that any false or misleading information given on this form may lead to my application/placement being terminated. I give consent to Nottingham Women’s Centre to store and process the given information.** |
| **SIGNATURE**      | **DATE**      |
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| **Please return the completed application form either in electronic form via website or email to:****reception@nottinghamwomenscentre.com** |