|  |  |
| --- | --- |
| 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 * You are not a current or recent client of Nottingham Women’s Centre | |
|  | |
| PERSONAL DETAILS | |
| **FIRST NAME(S)** | **SURNAME** |
| **PREFERRED PRONOUN** | **DATE OF BIRTH** |
| **HOME ADDRESS** | |
| **DAYTIME TELEPHONE NO** | **EVENING TELEPHONE NO** |
| **MOBILE TELEPHONE NO** | **EMAIL ADDRESS** |
|  | |
| 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  | | | | |
| PROFESSIONAL QUALIFICATIONS | | | | |
| **Details of any professional qualifications and/or membership of professional associations** | | | | |
|  | | | | |
| 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> | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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** | | | |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| 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** |
|  | |
| HOW DID YOU HEAR ABOUT COUNSELLING PLACEMENTS AT NOTTINGHAM WOMEN’S CENTRE? | |
|  | |
|  | |
| 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** | |
|  | |
| 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** |
|  | |
| **Please return the completed application form either in electronic form via website or email to:**  **jobs@nottinghamwomenscentre.com** | |