# Volunteer Counsellor - Application Form

The vision of EACH is to facilitate and sustain positive change in the lives of individuals, families and communities affected by problems arising from alcohol and drug misuse, domestic violence and related mental health concerns.

Please complete the below application form if you would like to volunteer with our organisation as a counsellor.

# Contact Details

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email** |  |

**Preferred location of working**

Ealing

Brent Harrow Hillingdon Hounslow

x

# Educational and Counselling Qualifications~

**Please state** *the number of clinically supervised 1:1 counselling hours you have completed***: \_\_\_\_\_\_\_**

(*Please note : minimum requirement is 40 client contact hours)*

Which of the following statements best describes you: *(please tick)*

I am a trainee counsellor/therapist

I am a qualified counsellor/therapist

I am a qualified counsellor/therapist in post-qualification training I am an accredited counsellor/therapist

**Languages Spoken:** Hindi / Urdu / Punjabi / Somali/ Gujarati/ Tamil / Farsi / Arabic Any other, please state:

Experience facilitating groups:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **University / College / School** | **Dates of Course Attended**  **/Attending** | | **Course Title and Awarding Body** | **Qualification Type and/or Grade gained** |
| *from* | *to* |
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Other *(please specify)*

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| --- | --- | --- | --- | --- |
| **Dates of training Attended**  **/Attending** | | **Institution/Body** | **Course Title** | **Qualification Type and/or Grade gained** |
| *from* | *to* |
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**Supporting Statement**

*Please supply additional information in support of your application. Selection of volunteers is based on personal qualities, experiences and abilities. Please provide details of information that you feel is relevant.*

**Please describe your employment status:**

**Why are you interested in volunteering for EACH and what do you hope and expect to gain from the experience?**

# Availability

What days and hours of the day will you be volunteering? We expect volunteers to commit at least one day (5 hours a week: 4 hrs client sessions + 1 admin) for **a minimum duration of 6 months.**

# Daytime Total number of hours (min 4 hrs/ day)

**Monday Tuesday Wednesday Thursday Friday**

Per Week?

# References

Please provide two references we can contact if you are successful in your application. Please note, references can be employers, volunteers or tutors (for example) but **should not** be a relative.

*Referee 1*

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email** |  |
| **Relationship to you** |  |
| **How long have you known**  **them?** |  |
| **Can we contact them?** | **Yes No** |

*Referee 2*

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email** |  |
| **Relationship to you** |  |
| **How long have you known?**  **them?**  **Can we contact them?** | Yes No |

# Criminal Convictions

Do you have any previous Criminal Convictions? **Yes No**

If so, please give details below. This should exclude any spent convictions under Rehabilitation of Offenders Act (Exemption Order 1975), unless you wish to volunteer in a role which involves working with vulnerable adults of children, directly or indirectly, in which case cautions, bind overs, pending prosecutions, spent and unspent convictions must be declared. Criminal records will be taken into account only when the convictions are relevant.

Declaring a conviction will not prevent you from being considered for a volunteer role, if you would prefer you may submit this information in a sealed envelope to the Volunteer Counsellor Coordinator marked ‘Private and Confidential Addressee Only’.

# Visa

Under the Asylum and Immigration Act 1996 most nationals of non-EU countries need a work permit to take up unpaid voluntary work in the UK.

Do you need a permit to volunteer? **Yes No**

# Disability

Do you consider yourself to have a disability as defined in the Disability Discrimination Act 1995 which states it is a “physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day to day activities?

# Yes No Prefer not to declare

If yes, please outline any support, adaptation or equipment you would require to attend an interview or to volunteer in this role.

# Data Protection

Data Protection Act: I understand and agree that, as part of volunteering with EACH, my details may be held in a confidential database that is only used for reasons relating to my volunteering. Please sign to confirm.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

If you have any difficulties completing this form, please contact the Head Office: Tel: 020 8577 6059

Email: [info@eachcounselling.org.uk](mailto:info@eachcounselling.org.uk)

For monitoring purposes, please complete the attached Equal Opportunities form and return it to us.

*EACH promotes equal opportunities*