**HONORARY COUNSELLOR - APPLICATION FORM**

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**Personal Details**

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|  |  |
| Full Name: |  |
| Address: |  |
| Telephone No: |  |
| Email Address:  |  |

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**General Background Information**

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1. Please give details of your education.

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| Name of College/University | Qualifications | Dates |
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1. Please give details of your Counselling/Psychotherapy training and qualifications.

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| --- | --- | --- |
| Name of training/College | Qualifications | Dates |
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1. Please list any work or voluntary experience in chronological order (ending with the most recent).

|  |  |  |
| --- | --- | --- |
| Dates from/to | Job title | Employer |
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**Personal statement**

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1. Please describe any clinical experience of delivering counselling (incl number of hours). If you do not have clinical experience, please describe any experience within a volunteering or paid role that may be relevant to the role of counselling.

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1. Please tell us why you are interested in a placement at HCC.

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1. Have you been/are you receiving counselling/therapy? If so please give details.

(Orientation and professional accreditation of your therapist, length of time in counselling/therapy; frequency per week).

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1. Please describe a significant experience in your life and what you made of it (300 words).

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1. Please add any other information you feel may be relevant in support to your application

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1. Are you a member of a therapeutic organisation such as the BACP, UKCP, BPS, BPC, NCS or HCPC? (Counsellors are expected to work according to the Ethical Framework of their corresponding Professional Accrediting & Regulating Body, and in agreement with their professional training course, that is relevant to the field of Counselling/ Psychotherapy/ Psychoanalysis/Counselling Psychology). Please provide details here:-
2. Do you have an enhanced DBS certificate (Yes/No) or are registered with the update service (Yes/No)?
3. HCC currently offers fortnightly supervision for 2 hours in a group of 4 honorary counsellors. Attendance to supervision is compulsory.
Please tick which supervision group(s) you would be able to attend.

 Monday 10.30am – 12.30pm

 Tuesday 10am – 12pm

 Tuesday 7pm – 9pm

 Wednesday 1.15pm - 3.15pm

 Thursday 2pm - 4pm

 Friday 1.15pm – 3.15pm

1. When are you available to see clients? (Please note that we are aware this may change)

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| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
| 8.00-9.00 |  |  |  |  |  |  |
| 9.00-10.00 |  |  |  |  |  |  |
| 10.00-11.00 |  |  |  |  |  |  |
| 11.00-12.00 |  |  |  |  |  |  |
| 12.00-13.00 |  |  |  |  |  |  |
| 13.00-14.00 |  |  |  |  |  |  |
| 14.00-15.00 |  |  |  |  |  |  |
| 15.00-16.00 |  |  |  |  |  |  |
| 16.00-17.00 |  |  |  |  |  |  |
| 17.00-18.00 |  |  |  |  |  |  |
| 18.00-19.00 |  |  |  |  |  |  |
| 19.00-20.00 |  |  |  |  |  |  |
| 20.00-21.00 |  |  |  |  |  |  |

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**References**

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Please provide the names, contact details, occupation of two persons whom you have asked to act as your referee. At least one of your referees should be from a tutor/supervisor on your counselling course. References will only be taken after you have received an offer of placement.

**Referee 1:** **Referee 2:**

Name:……………………………………… Name:………………………………………

Address: …………………………………. Address:……………………………………

……………………………………………… ……………………………………………..

Email: ……………………………………… Email: ……………………………………

Telephone No: …………………………… Telephone No: ………………………….

Occupation: ……………………………… Occupation: ………………………………

*To help us with our own monitoring please tell us where you found out about this vacancy:*

I certify that the information given on this form is correct:

Name: ……………………………… Signature:………………………………………

Date …………………

**Please return the completed form to:**

Highbury Counselling Centre

[hcc@strides.org.uk](file:///C%3A%5CUsers%5CMarieCalvoMBACP%5CDownloads%5Chcc%40strides.org.uk)