

**NEST Project**

**Volunteer Counsellor Application Form**

**Personal Details**

|  |  |
| --- | --- |
| **Title** | **Miss/Mrs/ Ms/ Mr/ Dr/ Other *(please delete as appropriate)*** |
| **First Name** |  |
| **Surname** |  |
| **Have you ever used any other names? *(Please give details)*** |  |
| **Address** |  |
| **Contact Telephone Number** |  |
| **Email** |  |

**General Information**

|  |  |
| --- | --- |
| **Do you require a work permit or similar to legally work in the UK?**  Whilst this is not a paid role and is voluntary, we need to know you are able to volunteer as visitors to the UK can only volunteer for a maximum of 30 days. |  |
| **Do you hold a current DBS?** |  |
| **Are you subscribed to the DBS update service?** |  |
| **Is your DBS Disclosure a standard or enhanced certificate?** |  |

**Qualifications**

|  |  |
| --- | --- |
| **Please select the option that best describes you**  Please delete those that don’t apply | * A trainee counsellor/therapist * A qualified counsellor/therapist * A qualified counsellor/therapist working towards accreditation * An accredited counsellor/therapist |

If shortlisted for interview evidence/qualification in support of your application, including copies of your academic qualifications, evidence of relevant work experience, and if you hold one, your current DBS will be required, Professional Accreditation, membership of professional bodies.

## **Please complete ALL sections below with as much detail as possible.**

**Please list any current course details, or the course details of where you qualified:**

|  |  |
| --- | --- |
| **Name of Institution** |  |
| **Degree/Course & Awarding Body/Modality** |  |
| **End Date** |  |
| **Qualification Type** |  |
| **Course Contact Details** |  |
| **Course Contact Email** |  |
| **Course Contact Phone No.** |  |

**Professional Title**

|  |  |
| --- | --- |
| **Please select what your Diploma/ Degree will qualify or qualified you in**  Please delete those that don’t apply | * Counselling * Psychotherapy & Counselling * Counselling Psychologist * Clinical Psychologist * Psychotherapist * Psychosexual & Relationship Therapist * TBA |

**Modality/ Modalities**

|  |  |
| --- | --- |
| **Please select your modality/modalities**  Please delete those that don’t apply | * CBT * Existential * Gestalt * Humanistic * Integrative * Person Centred * Psychodynamic * Transactional Analysis * Transpersonal * Other   If 'other', please state modality |

**Other Relevant Qualifications/ CPD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution | Course Title | Start Date | End Date | Qualification Type/ Hours (if CPD) | Results |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Membership/ Registration with Professional Bodies **

|  |  |
| --- | --- |
| **Professional Body** |  |
| **Level/Type of Membership** |  |
| **Membership Number** |  |
| **National Registration Number** |  |

**Personal Counselling & Psychotherapy**

*Please give details of any counselling, psychotherapy and clinical supervision you have received with dates and the therapist/counsellor(s) orientation\* (require a minimum of 10 hours)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Therapist/ Counsellor | Orientation | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Placement/Counselling Experience**

Please list any previous or current volunteer/paid experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date | End Date | Name of Placement/Organisation | Total supervised 1-to-1 clinical hours | Types of client (short/long term., adults/children etc) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Supervision**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of External Supervisor | Orientation | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Personal Statement** *(Please use an additional sheet if required)*

|  |
| --- |
| 1. Please provide a personal statement demonstrating your skills both clinically and administratively and any other information you feel would be useful for us to know in considering your placement application 2. Please tell us why you are interested in undertaking a placement at New Heights, and about your knowledge, understanding or experience of domestic abuse. |

**IT Proficiency** *(delete as appropriate)*

|  |  |
| --- | --- |
| **Word** | Beginner Intermediate Advanced |
| **Outlook** | Beginner Intermediate Advanced |
| **Excel** | Beginner Intermediate Advanced |

**Availability**

All our volunteer counsellors are required **to be available on one day a week** **between the hours of 9.00am – 4.00pm**, for client appointments and an additional 1-1.5 hours per month for line management support please note, line management and client appointments may not be on the same day.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please indicate your availability/ preference for undertaking counselling placement  ***(Yes/ No under the relevant day/s)*** | Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
| **Please describe your availability/ restrictions:** | | | | |

**The placement is operational during school term time only (for 39 weeks per year).**

Please indicate any holidays you have booked in the next 12 months that will impact on your placement/ line management/ training attendance.

Available to start placement in September 2022? Yes o No o

**Details of Holidays Booked**

|  |  |  |
| --- | --- | --- |
| 1st Holiday | Start | End |
| 2nd Holiday | Start | End |
| 3rd Holiday | Start | End |

**Support Needs**

|  |  |
| --- | --- |
| Do you consider yourself to have a disability or support needs that is relevant to your applications? | Yes / No |
| If yes, is there anything we need to know about your disability or support needs in order to ensure you have equality of opportunity? |  |

|  |
| --- |
|  |

**Where did you hear about Counselling Placement?**

**References**

Please provide details of two referees, one of which should be your **current clinical supervisor**, the other can be a tutor or anyone that comment on your suitability as a counsellor in this setting (not friends or relatives) who we can contact as part of the selection process:

**Reference 1 Reference 2**

|  |  |
| --- | --- |
| Name |  |
| Occupation |  |
| Relationship to you |  |
| How long known |  |
| Address |  |
| Phone number |  |
| Email |  |

|  |  |
| --- | --- |
| Name |  |
| Occupation |  |
| Relationship to you |  |
| How long known |  |
| Address |  |
| Phone number |  |
| Email |  |

**Disclosure of Criminal Convictions**

Volunteers offered a placement will be required to undertake and enhanced disclosure from the disclosure and barring service from the criminal records bureau.

If you have a current DBS/CRB, please indicate the date it was issued:

Have you been convicted of a criminal offence? Yes / No *(please delete)*

If yes, please provide details of the criminal offence(s) including dates and sentences.

|  |
| --- |
|  |

A prior criminal conviction or the fact that you have been charged with a criminal offence may not prevent you from volunteering with New Heights Domestic Abuse Counselling Service but we need to be able to make fully informed decisions about deploying our volunteers safely and in according with the law. Hence failure to disclose relevant information or providing false or misleading information will ordinarily result in the volunteering opportunity being withdrawn with immediate effect.

**Declaration**

**I confirm that to the best of my knowledge the information given on this form is correct.**

**Signed --------------------------------------------------- Date-----------------**

**If returning this form by email please type in your name. If you are selected for interview we will ask for evidence of you signature.**

**Keeping your information**

New Heights Warren Farm Community Project (NHWFCP) collects and stores personal and sensitive data of our service users and in this case volunteers to:

* Enable us to keep a record of who is volunteering
* Ensure we meet the monitoring requirements of our funders

**What is personal and sensitive data?**

* Personal data is data which can be used to identify you. This may include your name, date of birth, address, phone number etc. This is the information we are keeping for people using toy library.
* Sensitive data is information related to any of the following, Racial or ethnic origin, religious belief, health, sexuality, political opinions, trade union membership, offences and /or convictions.

**Can I withhold my data?**

Yes we will not record your personal information unless you provide consent. We will not share your information with anyone else without your consent, unless required to do so by law. Any information shared with funders will always on an anonymous basis.

All information is stored securely and is only accessed by those with authority. This is restricted to relevant NHWCP staff or the NHWFCP Manager. This is in line with our Privacy Policy and Data Protection policy. Copies of these policies can be obtained from the Project Manager on request.

You may request to view or have your personal information to be removed at any time. This can be requested by completing a Data Access Request form which can be found by emailing enquiries@new-heights.org.uk or obtaining a paper copy of the form from a member of the New Heights Warren Farm Community Project staff.

If you have a complaint in relation to how your data is being retained or used you can make a complaint in writing to NHWFCP Data Controller Mr Sean Flynn. Alternatively a complaint can be raised via the Information Commissioners Office (ICO).

Should information be requested by any other agency, this will only be shared with consent unless this is overridden by a legal order.

Where there are concerns about a potential risk to you, a child, or a vulnerable adult we will contact the relevant Local Authority agencies without your consent. This is in line with our Safeguarding Policy and Procedure.

I confirm I understand the following –

* The information given is treated confidentially and stored securely.
* I can request to access my personal information retained by organization.
* I can withdraw my consent at any time & request for my personal information to be removed from the organisation’s records.
* All information in relation to the above will be retained for 6 year from the date of closure before being destroyed.
* I can make a complaint or raise any issues in relation how my information has been retained or used via NHWFCP Data Controller or IOC.
* Where there are concerns about a potential risk to myself, a child, or a vulnerable adult contact with the relevant Local Authority agencies will be made without consent in order to safeguard the individual(s).
* I hereby authorise NHWFCP staff to collect and hold my personal information in relation to using the toy library. I understand that my personal information will be retained for a period of 6 years after closure in order to assist with any future enquiries that may be made by myself or any other agency or regulatory body.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed forms should be return via email to: **volunteer@new-heights.org.uk** or posted back to:

Maisie Allen

Volunteer and Activities Coordinator

St John’s Centre

124 Warren Farm Road

Kingstanding

Birmingham

B44 0QN