

**ALBANY TRUST – COUNSELLING, PSYCHOTHERAPY AND ADVICE**

**Volunteer Counsellor Application Form**

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

Mr / Ms/ Mrs / Miss/ other

Surname.....Forenames.....

Address.....

Post Code.....

Telephone Numbers...../...../.....

Day..... Evening.....

Email.....

Date of birth..... Ethnicity.....

Name of person to contact in emergency.....

Their contact telephone number/s .....

[Training and Qualifications - Please tell us about any courses you have attended in counselling and related subjects. Include any training you are presently engaged in.]

Dates: From _____ to	Name and place of course	Qualifications gained or to be gained (please give dates)

[Other academic and professional training and qualifications]

Date: From _____ to _____	Name and place of course	Qualifications gained

**[Previous/present employment]**

<b>From</b>	<b>to</b>	<b>Name and address of employer</b>	<b>Main duties and responsibilities</b>

**Personal therapy:**

**If you are currently in therapy, counselling, or analysis, please indicate:**

Dates started: \_\_\_\_\_

Orientation (e.g. Person-Centred, Kleinian etc) \_\_\_\_\_

Frequency (number of sessions per week) \_\_\_\_\_

**Please also give details (dates, orientation, and frequency) of any previous personal counselling, psychotherapy or psychiatric help you have had in the past:**

**Personal Statement:**

**Please tell us why you are interested in being a volunteer counsellor with Albany Trust. Explain why you feel you are suited to being a counsellor and what experiences you bring to the role.**

I am available to see clients and for supervision on:

	<i>[8 am – 12 pm; Morning</i>	<i>12 – 5 pm; Afternoon</i>	<i>6 – 8 pm; Evening]</i>
<i>Mon</i>			
<i>Tue</i>			
<i>Wed</i>			
<i>Thurs</i>			
<i>Fri</i>			
<i>Sat</i>			

I prefer an initial **[please check]**

*Face-to-face*

*Online Supervision*

\*Please note that there is a supervision fee @ £20 per supervision group with a minimum attendance requirement of 40 x supervision groups per year on the placement

We also offer supervision groups on:

<i>Tuesday</i>	<i>5.30 - 7 (online)</i>
<i>Tuesday</i>	<i>6 - 7.30</i>
<i>Wednesday</i>	<i>11 - 12.30 (online)</i>
<i>Wednesday</i>	<i>12.30 - 2</i>
<i>Thursday</i>	<i>12.30 - 2</i>
<i>Friday</i>	<i>4.30</i>

## References

**[Please give names and addresses of two professional referees, at least one of whom must be a current or past tutor or supervisor on your counselling or psychotherapy diploma course.]**

Name	Name
Address	Address
In what capacity do you know this person?	In what capacity do you know this person?

If you have any criminal convictions please give details. Any information given will be treated in confidence and only used for recruitment purposes. A conviction will not automatically debar you from appointment.

**Because of the nature of the work for which I am applying, this post is exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of (Exemption) Order 1975. I am therefore not entitled to withhold information about convictions which for other purposes are 'spent', under the provision of the Act.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form to:*

**Michelle Safo**  
**Practice Manager**  
**Albany Trust**  
**Email: [practicemanager@albanytrust.org](mailto:practicemanager@albanytrust.org)**

*Thank you for your application and interest*