**Albany Trust – Counselling, Psychotherapy and Advice**

Volunteer Counsellor Application Form

**Surname……………………………Forenames………………………………**..

**Mr / Ms/ Mrs / Miss/ other**

**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

|  |  |  |
| --- | --- | --- |
| From                  to | Name and place of course | Qualifications gained |

# Previous/present employment

|  |  |  |
| --- | --- | --- |
| From                       to | Name and address of employer | Main duties and responsibilities |

**Personal therapy**:

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

Dates started………………………………………………………………………..

Orientation (eg Person-Centred, Kleinian etc) ………………………………………

Frequency (no.of sessions per week)  ……………………………………………….

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

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

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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. (Continue on a separate sheet if necessary)**

## Availability

## – which days of the week and times of day will you be available?

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **am** | **pm** | **eve** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |

### 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      Address             In what capacity do you know this person? | Name      Address            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.

………………………………………………………………………………………

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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:***

**Rosey Wijay/ Patrick Claffey**

**Practice Manager**

**Albany Trust**

**239a Balham High Road**

**London SW17 7BE**

**Email: albanytrustoffice@gmail.com**

***Thank you for your application and interest***