

Volunteer Counsellor Application Form

Section 1				
Title:	First name:			
Last name:				
Address:				
	Market Street			
Postcode:				
Home Phone:				
Mobile Phone:				
Email address:				
Are you eligib	le to work in the UK?	Yes		No
Do you hold a f	full UK driving licence?	Yes		No
Are you o	ver 18 years old?	Yes		No
Emergency contac	t name			
Number			Relation	

Section 2 - Course Details					
Name of College / University	Name of Current Course	Date Started	End Date		



Section 3 - Availability

Mid Kent Mind's Affordable Counselling Service offers Face to Face counselling at our Maidstone office. Please state which days and times you are able to commit to. The more availability you can offer, the greater the likelihood that a placement can be offered.

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Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Would you be interested in virtual counselling?			
When are you available to start?			

Are you a member of BACP	
Please provide your BACP membership number	
Please note – we are only accepting BACP registered placements.	
Have you received your fit to practice? Or Are you due your fit to practice. If so, when? Please note - You may be asked to produce evidence.	
We offer both a 100 hour placement and a 2 year placement.	
The 2 year placement will offer you the chance to further your experience and work with more complex client in a supported environment once you have qualified.	
Would you be interested in a 2 year placement?	



Section 4 - Education					
Date From	Date To	Name of Establishment	Exams taken and qualifications gained		
	37				

Section 5 - Employment History						
Name and Address of Employer	Date From	Date To	Job Title/ Function and Responsibilities			



Section 6 - Previous Voluntary Experience							
Name and Address of Employer	Date From	Date To	Job Title/ Function and Responsibilities				
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	47						

Section 7 - Training and Skills				
Please list any training courses attended and skills held				



Section 8 - Supporting Statement
Please state below your reasons for application, what you perceive to be the role of a counsellor and outlining your suitability for the post.

Section 9 - References

Please give the names and addresses of two references, one of whom must be your tutor, or equivalent, from your current course.

References will only be taken if you commence with us.

Reference 1	Reference 2	
Name:	Name:	
Working relationship:	Working relationship:	
Organisation name and address:	Organisation name and address:	
Phone number:	Phone number:	
Email address:	Email address:	



Section 10 - Rehabilitation of Offenders Act 1974

Volunteers should note that Mid-Kent Mind is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974. This means that applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. If you are accepted for voluntary work and fail to disclose any such convictions, this could result in your dismissal. Any information given will be completely confidential and will be used only in determining whether a particular voluntary placement is appropriate.

Have you ever been convicted of a criminal offence?	Yes	No					
Have you any prosecutions pending?	Yes	No					
If yes, please give details of date of offence(s) and sentences:							
Section 11 - Mid Kent Mind Checks							
Do you agree to a DBS check upon successful application?	s 🗌	No 🗌					
Please note that all volunteers are required to undergo criminal record checks as provided by the Disclosure and Barring Service. This record check will include details of cautions, reprimands, or final warnings, as well as convictions. A criminal record will not affect your chances of volunteering unless we decide it makes you unsuitable. The nature of the offence, how long ago and what age you were when it was committed, patterns of offending and any other relevant factors will be considered. Any information will be kept in strict confidence and will be stored securely. If these checks reveal evidence, we believe makes you unsuitable to volunteer with us either at the start of the process or any time later, we will not be able to start/continue the volunteering relationship.							
Do you know anybody within Mid Kent Mind; trustee, staff or volunteer?	s 🗆	No 🗌					
If yes, please provide name and role, and nature of relation	onship:						



Do you have a	disability?	Yes		No 🗌	
What adjustm	ents would support you throu	igh this recruitme	ent process?		
I confirm that truthful and ac any false misle that any place and satisfacto	the information provided in ccurate. I have omitted no fact ading statements could place ment entered into is subject try references. I expressly conthe purpose of assessing suitersonnel file.	ts that could affe any subsequent to documentary e sent to personal	ct my emplo employment evidence of m data contain	yment. I understand that in jeopardy. I understand ny right to work in the UK ned within this form being	
Signed:		Date:			
Section 13 – Data Protection Act					
I agree to work in accordance with the Data Protection Act 1998. The information or data which you have supplied on this form will be processed and held on computer, and will also be processed and held on your personal records if appointed. The data may be processed by Mid Kent Mind for the purposes of equality monitoring, compiling statistics, and for keeping of other employment records. By signing and returning this application form you will be deemed to be giving your explicit consent to processing of data contained or referred to on it, including any information which may be considered to be sensitive personal data.					
Signed:		Date:			