Volunteer Counsellor Application Form

Section 1			
Title:		First name:	
Last name:			

Address:	
Postcode:	

Home Phone:				
Mobile Phone:				
Email address:				
Are you eligible to work in the UK?	Yes	☐	No	☐
Do you hold a full UK driving licence?	Yes	☐	No	☐
Are you over 18 years old?	Yes	☐	No	☐

Emergency contact 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.

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?			
Have you applied to Mid Kent Mind Previously? If yes, please state when.			

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

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

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? Yes ☐ 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? Yes ☐ No ☐

If yes, please provide name and role, and nature of relationship:

Do you have a disability?	Yes ☐	No ☐	
What adjustments would support you through this recruitment process?			

Section 12 - Declaration

I confirm that the information provided in this application and with my Curriculum Vitae is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any placement entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purpose of assessing suitability for the post and may form the basis of any subsequent personnel file.

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:	