

Trainee Counsellor - Placement Application Form

Please answer all the questions below in full. This information is a requirement for all counselling placement opportunities and an interview will not be offered without the completion of an application form.

Please return the completed form by email to contact@southkentmind.org.uk.

Please note that due to limited placement opportunities and high levels of demand we may be unable to process your application until a new space becomes available, however we will endeavour to keep you updated.

Personal Details					
Title:	First Name:	Surname:			
Address:					
(If you have lived at	this address for less than 3 years	s, please provide your previous a	ddress in the space below)		
Phone/Contact N	Number(s):	Email:			
		1			
	olying for this placement? easons why you think you would	be suitable and the experience/a	abilities you would bring to the role.)		
Fraining Details (Please provide detai	ils of the counselling course you a	are currently undertaking.)			
Training Provider	Name:				
Address:					
Name of Course:					
Course Contact:					
Name of Tutor:					
Contact Phone Nu	mber(s):				
Contact Email:					
E the CDACD	/HIVODl. 2	VFC	NO 🗆		
Evidence of BACP/UKCP membership? Fitness to Practice certificate?		YES \square	NO □		
		YES 🗆	NO 🗆		



College/University	Qualification	Grade	Date Achieve
Availability Please include times when	you would be available.)		
Day	Confirm Availability	Times	
Mondays			
Tuesdays			
Wednesdays			
Thursdays			
Fridays			
X T		Referee 2	
	Referee 1		
Name		Referee 2	
Name		Referee 2	
Position		Referee 2	
Position Relationship to you		Referee 2	
Position Relationship to you Address		Referee 2	
Position Relationship to you		Referee 2	
Position Relationship to you Address Phone Number(s)		Referee 2	
Position Relationship to you Address Phone Number(s) Email		Referee 2	
Position Relationship to you Address Phone Number(s) Email			YES NO
Position Relationship to you Address Phone Number(s) Email Additional Information Are you related to any to	on custee/employee/service us		
Position Relationship to you Address Phone Number(s) Email Additional Information Are you related to any to Do you have a personal, Under the Rehabilitation result in immediate ter	rustee/employee/service us /social relationship with any n of Offender Act 1974, all cr mination of employment F	er at South Kent Mind ?	er? YES \(\sigma\) NO \(\sigma\) closed. Failure to do so we not convictions or caution
Position Relationship to you Address Phone Number(s) Email Additional Information Are you related to any to Do you have a personal, Under the Rehabilitation result in immediate ter	rustee/employee/service us /social relationship with any n of Offender Act 1974, all cr mination of employment F	er at South Kent Mind ? Trustee/employee/service user iminal convictions must be displease disclose below any spen	er? YES \(\sigma\) NO \(\sigma\) closed. Failure to do so we not convictions or caution

Declaration

The information provided by me, to the best of my knowledge, is correct. I understand that my application will be disqualified, or after appointment, disciplinary action taken, if I have knowingly given false information. I consent to this information being checked by South Kent Mind and for it to be used during the recruitment process. I understand that in the event of a successful application, an enhanced disclosure will be sought from the Disclosure and Barring Service.

Signed:	Date:
Consent	
I give my consent to South Kent this placement.	Mind contacting my course tutor(s) and/or supervisor(s) for the purposes of
Signed:	Date:
How did you hear about our	placement opportunities?