Counselling Placement Application for

The Yakira Centre

**Applicant Details** (Please fully complete)

Full Name(s):

D.O.B:

Address: Postcode:

Phone/SMS: Email:

Do you require SMS/Email contact due to deafness/hearing loss or other?

Do you have any specific or additional needs? E.g accessibility

Details

**DBS Check**

Do you hold a current DBS? Yes No

Please note 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. By signing this application you are giving your consent to these checks being carried out at any time during your volunteering with SAF.

**Do you have any criminal convictions/cautions (with the exception of fixed penalty, traffic offences)?**

Previous convictions will not prevent full consideration of your application to work with SAF. All those applying to work directly with clients will be asked offences?) to apply for a CRB (Criminal Records Bureau) disclosure in England and Wales. Other applicants can seek a confidential discussion.

Yes No

**Training/Education**

What course are you currently undertaking that requires you to complete a placement?

How many are you required to complete?

Which institution are you studying/training with?

Course Leader Name: Contact:

Please describe the theoretical basis of your training so far and any particular areas of interest.

**Placement Availability**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Counselling**Min: 3 client hours per week (please select your availability | MonAM | Mon PM | TueAM | TUE PM | WED AM | WED PM | THUAM | THUPM | FRIAM | FRIPM |
|  |  |  |  |  |  |  |  |  |  |

**Personal Therapy**

If you feel comfortable to, please share something about your personal experience of counselling:

**Counselling Experience**

Please give details of any practical counselling experience you have.

**Volunteering/Relevant Experience**

Please give details of any relevant experience or voluntary work you have carried out.

**Life Experience**

What experience do you have that you can bring to your role as a counsellor and to TYC as an organisation.

**References**

Please provide the names and contact details of two people who have known you within the last 5 years (not relatives) and are willing to act as referees. If possible, one should be from a work/organisation where you have volunteered/worked. At least one should have had contact in the past two years.

**1st Reference**

Name: Surname:

Address: Postcode:

Email: Phone:

How long has this person known you?

In what capacity does this person know you?

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Address: Postcode:

Email: Phone:

How long has this person known you?

In what capacity does this person know you?

**Next Steps**

Please email your completed form with your CV to enquiries@theyakiracentre.org

Once we have received both documents, we will contact you to arrange a zoom interview.

If you have any access requirements, we can arrange your interview using an alternative method.