

Brent Mind



For better
mental health

Application form for counselling volunteer placement

Please complete form and return together with a recent CV

All information will be treated as confidential and will be seen by the Counselling Service Manager and Counselling Supervisor only.

Surname/s: **Initials:**.....

First name/s: **DOB:**

Address: **Home tel. no:**.....

.....

..... **Work tel. no:**.....

For office use only

- (a) Mental Health work experience Yes No
- (b) Mental Health training Yes No
- (c) 6 Months supervised case work Yes No
- (d) Additional volunteer placement Yes No
- (e) Training/Experience working with diversity Yes No
- (f) Experience of personal therapy Yes No
- (g) Availability Mon Tues Wed Thurs Fri

Please supply two references. One should be your employer and the other your course tutor

1st referee

2nd referee

Name:

Name:.....

Address:

Address:

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Do you consider yourself to have a disability? If yes please state the nature of your disability.

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Do you have any regular commitments, which influence when you are available for interview?

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Do you have any other volunteer placement? Yes No

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Please specify the times that you would be available to work.

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Would you please complete the following monitoring information:

Would you describe yourself as:

- | | | | |
|-----------|--------------------------|----------|--------------------------|
| Black | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| African | <input type="checkbox"/> | European | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Please tick more than one box where applicable.

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Do you speak any other language besides English? Yes No
(Please specify including the level of fluency)

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Training

(a) Please confirm that you have already completed one year training in counselling or psychotherapy.

Yes No

(b) Please confirm that you have completed or are currently enrolled on the second year of a diploma level course.

Yes No

(c) Please indicate your main or preferred therapeutic approach.

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Course Details

Please describe the type and level of your training so far. Please give full details – providing name and address of college and course, plus frequency and duration of attendance.

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Please indicate if your Counselling/Psychotherapy course includes specific training input on:

(a) Mental Health & Psychiatric Diagnosis Yes No

(b) Working with Diversity Yes No

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Informal training

Please indicate any additional training you may have undertaken that you consider to be relevant.

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Please give your reasons for wishing to work as a volunteer with Brent Mind.

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Experience

(a) Please indicate if you have had training in psychopathology. Yes No

(b) Please use the space below to describe any additional relevant experience:

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Please indicate here if you have had any experience of personal therapy. Yes No

If you are not currently in therapy please indicate below that you have had at least 40 hours counselling or psychotherapy Yes No

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Have you ever been cautioned or convicted of a criminal offence?

Yes No

(The Rehabilitation of Offenders Act 1974 does not apply to staff and volunteers working with vulnerable people with mental health problems).

If YES, please state:

Date of caution / conviction:

Offence:

Where committed:

(Please note that a false declaration will result in being dismissed as a volunteer).

Signed: Date:

After completing this application form please send it, together with an up to date CV to:

The Counselling Service Manager, Brent Mind, 383 High Road, NW10 2JR