

Volunteer Counsellor Application Form

Title (Mr/Ms/Miss etc):	First name:	Last name:
Address:		
Postcode:		
(Please include the name of your local borough/county)		
Mobile phone number:	Landline phone number:	
Email address:		

Which WDP services/areas would you be able to volunteer in?	
Please circle or highlight in bold all that apply:	
Barnet, Harrow, Havering (Romford), Passmores House, Seventy4 Foundation	
How many days in the week are you available to volunteer? (We usually ask for a minimum of one day with at least three clients)	
Which days of the week are you available (Monday-Friday):	
How long could you commit yourself to a placement? (Minimum of one year)	

Immigration, Asylum and National Act 2006 Do you <u>require</u> a work permit or any other kind of document to show that you have necessary permission to work/volunteer in the UK?	YES	NO
	If yes, please supply your visa number:	



Are you related to any current or former WDP staff member/volunteer/service user?	YES	NO
	If yes, please specify name and service:	
Have you had first-hand experience with drug services? (please note that all information is kept confidential)	YES	NO
	If yes, please state when and where:	
If you have been substance and/or alcohol dependant, how long have you been substance free for (including substitute prescription medications)?		
If you are currently accessing services for drug and / or alcohol treatment, mental health or ex-offenders, please give details:		

Please tell us your reasons for wanting to undertake a counselling placement at WDP?

Please tell us what you would bring to the organisation in terms of skills and experience relevant to the placement.

As part of this, if you are not sending us in a CV can you please detail your prior work experience, and any relevant training/education.

Please share briefly your therapeutic approach and tools you use in counselling.

Do you have yourself the experience of being in therapy/counselling?

How many counselling session hours have you already conducted?

Are you a member of recognised counselling body such as BACP or UKCP?

References

Please name two referees for whom a reference may be obtained. Where possible this should be a professional person such as an ex-employer, key-worker, college tutor etc; they should have known you for six months or more.

Reference 1

Name:	
Position:	
Relationship to you:	
Organisation (please include address):	
Phone number:	
Email address: <i>Please ensure you provide an email address for your referee as we will be requesting references via email</i>	

Reference 2

Name:	
Position:	
Relationship to you:	
Organisation (please include address):	
Phone number:	
Email address: <i>Please ensure you provide an email address for your referee as we will be requesting references via email</i>	

Can we contact them at this stage?	YES	NO
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Declaration of convictions

As many clients at WDP are vulnerable adults we are exempt from the Rehabilitation of Offenders Act 1974. All convictions, whether spent or unspent, must be declared.

<p>Have you ever been convicted of a criminal offence, received a formal caution, been bound over or received a conditional discharge?</p>	<p>YES</p>	<p>NO</p>
<p>If yes, please give full details, continue on a separate sheet if necessary</p>		
<p>Would you be willing to undergo a Disclosure and Barring Service (DBS) check?</p>	<p>YES</p>	<p>NO</p>
<ul style="list-style-type: none"> ▶ Please note that you will not be asked to work alone with service-users, unsupervised, until DBS checks have been returned. ▶ DBS forms are returned directly to the applicant – you must bring your DBS form to Volunteer Services when you have received it, for copying. ▶ For posts involving children and families, or where service users are engaging in residential treatment, posts will not commence until DBS checks have been returned and copies sent to Volunteer Services. 		

Declaration

To my knowledge the information above is correct. I understand that if I am appointed and this information is found to be inaccurate this may affect my continued employment with WDP.

<p>Signature:</p>	<p>Date:</p>
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