

Volunteer Counsellor Application Form



If you would prefer a Microsoft Word version, please email admin@bereavementcharity.org.uk

Full Name: .	Application ID
Address: .	Postcode: .
Email address: .	Telephone number: .
How did you hear about The Bereavement Counselling Charity? .	
What interests you about joining The Bereavement Counselling Charity? .	
Please tell us something about your previous experience, e.g. paid work, voluntary work, counselling experience. .	
Have you had a close personal bereavement in the last 5 years? If yes, please say when .	
Which college are you training with and what are your requirements of a placement with The Bereavement Counselling Charity (TBCC)? .	
Do you have a fitness to practice certificate? Yes / No	
If yes; please enclose a copy with your application	Date of certificate: .
If no;	Date of expected certificate: .

QUALIFIED COUNSELLORS PLEASE COMPLETE SECTION A, STUDENTS PLEASE COMPLETE SECTION B

Section A – Qualified Counsellors Only	
Please provide the following information:	
College: .	
Dates attended: .	
Qualification: .	
Awarding body: .	Total tutor contact hours: .
Number of supervised counselling hours: .	Number of personal therapy hours: .
Course Content: .	
Section B – Student Counsellors Only	
Please provide the following information:	
College: .	
Dates attended: .	
Qualification: .	
Awarding body: .	Total tutor contact hours: .
Number of supervised counselling hours required: .	Number of personal therapy hours required: .
Course content: .	

Professional Memberships

Name of Body	Membership Number	From Date	To Date
.	.	.	.

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DBS Update Service

Do you hold a DBS Certificate?	Yes / No
What level of DBS Certificate do you hold?	Basic Standard Enhanced
What workforce are you registered for?	Child Adult Both Other
Are you registered with the update service?	Yes / No
If yes, please provide your	Certificate Number .
	Surname on Certificate .
	Date of Birth on Certificate .
<i>Please note, we will only check your DBS if you successfully complete our Bereavement Essentials course as part of our recruitment process.</i>	

References

Please provide the names and addresses/emails for 2 people who would be willing to act as a referee.
 For qualified counsellors we would expect your current supervisor to be a referee.
 For trainee counsellors we would expect your course tutor to be a referee.

Name .	Name .
Job Title .	Job Title .
Organisation .	Organisation .
Email .	Email .
Telephone Number .	Telephone Number .
Relationship .	Relationship .
Office use:	

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As volunteers are in a privileged position visiting clients in their own homes and have contact with bereaved and potentially vulnerable adults, The Bereavement Counselling Charity has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

Name: .	
Have you had any personal contact with Social Services/Social Work Department or NSPCC in connection with children in your care? Have any of your children been subject to a child protection, child in need plan or assessment?	Yes / No
Do you consider yourself to have a disability or health condition and if so what adjustments could TBCC provide to enable you to volunteer?	Yes / No
Have you ever been dismissed from any paid or voluntary work?	Yes / No
Have you ever been arrested or had contact (e.g. received a warning/caution/ attended court) with the police for any type of criminal offence?	Yes / No
Are there any matters outstanding which may lead to a criminal prosecution?	Yes / No
<p>If you answer yes to any question above, please give details:</p> <p>.</p> <p>If you do not declare existing or spent cautions or convictions, you may not be selected. However, if you declare any of the above it may still be possible to become a volunteer counsellor.</p>	
I know of no reason why I would be unsuitable to be a volunteer with TBCC.	Yes / No
I will report any changes in my circumstances which may affect my role	

I give permission for The Bereavement Counselling Charity to carry out checks e.g.(DBS/PVG/Access N) at enhanced level or other checks with the appropriate agency.

I understand that failing to declare my involvement no matter how minor, with the Police/ Criminal Justice system may result in my being deemed unsuitable as a volunteer.

I understand that my national insurance number may be required and that personal information about me will be held in records (including electronic records) some of which may be sensitive information such as age, race, gender, disability and that this information may be used for monitoring purposes.

I agree to The Bereavement Counselling Charity holding this information and understand that I may ask to see my records at any time.

Signed: _____

Dated: _____

On completion, please return your form and supporting documents to:

Post: The Bereavement Counselling Charity, PO Box 250, Petersfield, Hampshire GU32 9EJ

