



METRO counselling

Ref No:

All information is dealt with in the strictest confidence

Section 1 - about yourself

SurnameFirst name.....

Name you would like to be known by.....Gender pronouns.....

Address.....

.....
.....

Postcode..... Daytime Phone Number.....

Home Phone Number..... Fax number.....

E-Mail Address.....

Please tell us here if we should NOT leave messages on any of these numbers.....

.....

Please confirm that you are an existing member of the BACP, or that you are prepared to obtain membership prior to offering counselling sessions with METRO

Section 2 - more about yourself

How did you find out about volunteering at METRO?.....

Please specify in which locations you would be available to volunteer – Vauxhall, Croydon or Woolwich

Arsenal:

What interested you in becoming a volunteer Counsellor for METRO?

.....
.....
.....
.....
.....

Section 3 – availability

Are you currently employed? Yes No Full Time Part Time

What is your occupation?.....

Please tell us when you may be able to volunteer (note that not all days/times will be available in all locations):

Monday: Day Eve Tuesday Day Eve
Wednesday Day Eve Thursday Day Eve
Friday Day

I understand that I will need to commit to seeing 3-4 clients a week

I understand that I will be required to attend a monthly supervision group, which may be held in a location different to that of the location I see clients

Section 4 - references

We require applicants to provide the name and contact details of their current clinical supervisor, or course tutor.

Name:

Address:

.....

.....

Email:

We also require the name and address of someone who is willing to provide a personal reference. This may be a work colleague, friend or other acquaintance.

Name:

Address:

.....

.....

Email:

If you are shortlisted, we will contact your clinical supervisor and your second referee to ask for information about your suitability in relation to the selection criteria.

Section 5

IMPORTANT:

CVs alone will not be accepted as application for any METRO post. Please type or write clearly in black ink.

DISCLOSURE OF CRIMINAL RECORDS: METRO will undertake a DBS check upon offer of any post, previous DBS checks will not be sufficient but are useful to be seen along with other forms of identification.

Current employer

If not currently working give details and dates of last employment and/or current volunteering

Post Held:

Date of appointment:

Give brief details of your work

Previous Employment

Please start with most recent (including voluntary / community work) and add extra sheet if necessary

Dates	Name & address of employer	Job/Position held	Reason for leaving

Details of education and training

Dates	Full / Part Time	College / University etc	Qualifications

Details of other courses/CPD attended

Dates	Length of course	Course title & organising body	Subject

Please complete both of the below sections

6a Understanding the issues affecting people who identify as lesbian, gay, bisexual, transgender and those questioning their sexuality or gender identity.

In this section you should tell us about your understanding of the experiences of being lesbian, gay, bisexual, transgender or questioning. You should explain how you think people are affected by being members of a sexual minority. You should also explain in what ways you think your work as a counsellor might help them.

6b Understanding the issues affecting people living with HIV

In this section you should tell us about your understanding of the experiences of people living with HIV and how you think people are affected by this. You should also explain in what ways you think your work as a counsellor might help them.

Please continue on separate sheet if necessary

Section 7 – Personal Therapy

Please give details of your personal therapy to date. Please specify the theoretical orientation of your therapist.

Section 8 – Counselling/Psychotherapy experience

Please give details of your counselling/psychotherapy training and modality:

Please give general details of your client work experience to date:

Do you have direct experience of working with people from any of the following groups? Please describe what experience you have.

People from minority ethnic backgrounds:

People who identify as LGBTQ+:

Section 8 – continued

People living with, or affected by, HIV:

People with disabilities:

Young people:

Any other group:

Please note: You do not need to have experience in working with all the above groups in order to be shortlisted.

Section 9 - volunteer declaration

I confirm that the information given on this form is complete and accurate.

I am volunteering for METRO Charity and understand that as such I shall in no way be considered an employee of the Metro Centre Ltd.

Signed.....Date.....

For Office Use Only

Ref Requested		Ref Received		Induction	
---------------	--	--------------	--	-----------	--