



METRO COUNSELLING

Ref No:

All information is dealt with in the strictest confidence

Section 1 - about yourself

Surname First 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 – Study and Placement Arrangements

Name of counselling training college/institution:.....

Counselling/Psychotherapy qualification obtained/being obtained, and modality:
.....

Year of study in which you are currently in, if applicable:.....

Anticipated/actual end date of study:.....

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

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday
10am-1pm				N/A	
1-5pm				N/A	
5pm-8pm					N/A

Please tell us when you will be available to attend a monthly supervision groups (note that spaces in groups are limited so the more availability you have, the better)

Time/Day/Location	Availability
Vauxhall, Mondays 12.30pm-2.30pm	
Vauxhall, Thursdays 6pm-8pm	
Woolwich, Tuesdays 1.30pm-3.30pm	
Woolwich, Thursdays 6pm-8pm	
Other (please state)	

I understand that I will need to commit to seeing 3 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 3 – References

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

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:

.....

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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 any voluntary counselling placements or other voluntary roles.
Please use additional sheets if necessary.**

Dates	Name 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 relevant to this role			
Dates	Length of course	Course title & organising body	Subject

Please complete all of the below questions

Section 6 - further questions

1. Please tell us why you have applied for a placement at METRO as a volunteer counsellor.
2. METRO's core values are 'Equality, Diversity and Identity'. Please explain your approach to working with these values in the context of the therapeutic relationship.
3. Please explain your understanding of the issues that may be faced by a client who is transgender, and how your work as a counsellor could support them.
4. Please tell us about something you have read or seen in the media recently about LGBT+ issues. What was your response to this?

Please use additional sheets as necessary

Section 7 – Personal Therapy

Please give details of your personal therapy to date. Please specify the theoretical orientation of your therapist and how many hours you have undertaken. We do not need the name or contact details of your therapist.

Section 8 – Counselling/Psychotherapy experience

Please give general details of your client work experience to date. If you have no direct client work experience, please tell us about the skills practice you've had on your course, e.g. triads and the format of these (session length etc.):

Please note: if you do not hear back from us within two weeks of your application, you have not been successful on this occasion.

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	
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