**Volunteer Application Form**

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| **All sections** of this application form need to be completed *as* *fully as possible*.  |

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| SECTION 1: ABOUT YOU  |
| **Title** |  | **First Name** |  | **Last Name** |  |
| **Preferred pronouns** eg he/him, she/her, they/their, ze/zim  |  |
| **House Number/Name** |  | **Street** |  |
| **Town/City** |  | **County** |  | **Postcode** |  |
| **Mobile Phone** |  | **Home Phone** inc area code  |  |
| **Email Address** |  |
| **Please tick to confirm you are applying for the role of volunteer counsellor at Open Minds**, or state the position you are applying for if otherwise  |  |
| **Please confirm that you are eligible to live and work in the UK** | YES [ ]   | **Is this eligibility dependent on any type of visa?** | YES [ ]  | NO [ ]  |
| **Have you previously worked/volunteered for Open Minds?** | YES [ ]  | NO [ ]  | If yes, please give dates and details  |  |
| **Have you previously applied for a role with Open Minds?**  | YES [ ]  | NO [ ]  | If so, which role(s)? |  |
| **Where did you hear about this position?** |  |
| **Do you have any disabilities tor diagnoses that might require you to be absent from your role, or which could affect your ability to fulfil the role you are applying for?** This will not prevent us offering you a placement, but you must inform us now  | YES [ ]  | NO [ ]  |
| **Please describe these here**  |
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| **Please describe any reasonable adjustments we can make to assist you** eg use of ground floor rooms, having an assistance dog  |
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| SECTION 2: placement details |
| **Which of the following statements best describes you?** | I am a trainee counsellor/therapist [ ]  |
|  | I am a qualified counsellor/therapist [ ]  |
|  | I am an accredited counsellor/therapist [ ]  |
|  | Your accrediting body:  |
|  | Other |[ ]  Please specify |  |
| **How many hours do you need in order to qualify?**  |  |
| **How many hours do you already have?**  |  |
| **Please write the name and contact details of your external supervisor here:**  |  |
| **For students, please write the name and contact details of your college tutor here:**  |  |
| Please tick which day(s) you will be available for placement: Please indicate the times you are available below  |
| **Day**  | **Mon** [ ]  | **Tues** [ ]  | **Wed** [ ]  | **Thurs** [ ]  | **Fri** [ ]  | **Sat** [ ]  |
| **Times we open**  | **10 – 7pm** | **10 – 7pm** | **10 – 7pm** | **10 – 7pm** | **10 – 3pm** | **10 – 3pm** |
| **Times you can do**  |  |  |  |  |  |  |
| When would you be available to attend counselling sessions and to participate in all other placement related activities, including but not limited to clinical supervision? (Please include days and times) |
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| SECTION 3: Education and Qualifications(Please include any courses you are currently STUDYING AND the expected completion date)  |
| **Place of Study** | **Course Title** | **Level** | **Awarding Body** | **From** | **To** | **Course completed** |
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| SECTION 4: Previous Employment/voluntary workPlease give details of your previous work experience, detailing your most recent employment, putting the most recent first and explaining any gaps. Please include any voluntary, home-based or part-time work.  |
| Job Title |  | Organisation |  |
| From | Click here to enter a date. | To | Click here to enter a date. |
| *Please give a brief overview of your main duties/responsibilities.* |
|  |
| Reason for Leaving |  |
| Job Title |  | Organisation |  |
| From |  | To |  |
| *Please give a brief overview of your main duties/responsibilities.* |
|  |
| Reason for Leaving |  |
| Job Title |  | Organisation |  |
| From  |  | To |  |
| *Please give a brief overview of your main duties/responsibilities.* |
|  |
| Reason for Leaving |  |
| Job Title |  | Organisation |  |
| From  |  | To |  |
| *Please give a brief overview of your main duties/responsibilities.* |
|  |
| Reason for Leaving |  |

**GAPS IN EMPLOYMENT**

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|  FROM | TO | **PLEASE GIVE REASONS** | **Personal development or skills used during this time**  |
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| SECTION 5: References |
| Please give details of two referees we can contact, one must be your present or last employer and one MUST be your course tutor/supervisor |
| Full Name of Referee |  | Job title of Referee |  |
| Company Name |  | Phone |  |
| Full Address |  | Email Address |  |
| Relationship to you |  |
| Full Name of Referee |  | Job title of Referee |  |
| Company name |  | Phone |  |
| Full Address |  | Email Address |  |
| Relationship to you  |  |

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| SECTION 6: safeguarding |
| *If the answer to any of the below is* ***YES,*** *Please provide details and an explanation on a separate document marked ‘confidential’ including an explanation of how you have consequently demonstrated you are a suitable person to work directly with children.* |
| **Do you have any criminal convictions** If yes, please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974, unless the job for which you are applying involves working with children or vulnerable adults, directly or indirectly in which case cautions, bindovers, pending prosecutions, spent and unspent convictions must be declared.  |  |
| **Have you as an adult had involvement with a local authority, in relation to care proceedings or child protection proceedings in your family?** |  |
| **Have you ever had a child protection or safeguarding concern raised or an allegation made against you?** |  |
| **Has anyone you are personally connected to ever had a child protection or safeguarding concern raised or an allegation made against them?** |  |

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| **SECTION 7: supporting statement**  |
| **Please use this space to write a supporting statement, explaining why you think you would be suitable for the role of volunteer counsellor.**  |
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| **Please tell us about the personal journey which led to your pursuing a career in counselling:**  |
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| **Self-awareness is an essential element of the emotional intelligence crucial to counselling.** **Please use this space to give us an example of your own self-awareness:**  |
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| **Please tell us about your own experiences of psychological therapies, how you have managed with mental health difficulties of your own, and what you have learnt from these which will inform your counselling practice.**  |
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| SECTION 8: Disclaimer |
| By completing this form you are agreeing to the following:* The answers are true and complete to the best of my knowledge, and I understand that if this application leads to a volunteer opportunity that false or misleading information in my application or interview may result in my dismissal.
* We can contact the referees that you have detailed in the form
* If you are successful in your application we can pass your telephone number and email address to an Open Minds staff member in order that they can contact you about placements
 |
| **Do you agree with this statement?** |  | **Date** |  |
| **Sign here**  |  |