####

#### London Young Counselling

***Looking after the future of our children***

# Application to become a Volunteer Counsellor

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| --- | --- | --- | --- | --- | --- |
| Title  |  | Name |  | Surname |  |
| Address |  |  |  | Post Code |  |
| Email |  | Mobile Phone |  | Home Phone |  |
| Please confirm you are eligible to live and work in the UK | YES/NO |
| Do you consider yourself to have a disability or condition? | YES/NO |
| If so, please specify: |  |
| Please list any requirements you will need for your placement: |
|  |
| Role you are applying for: |  | Location: |  |
| Counselling Qualifications & Training: (Please attach a copy of any certificates when returning the application)  |
|  |
| Professional Membership Number: |  |
| Are you on the Child DBS update system? |  |
| Do you currently have a valid insurance certificate? |  |
| Number of supervised counselling hours: |  |
| Qualifications/Experiences/Skills relevant to working with young people:Including most recent, if any, child protection and safeguarding training. |
|  |
| Please provide two references: (if currently training, one must be your tutor) |
| Name |  | Job Title |  |
| Email |  | Telephone |  |
|  |
| Name |  | Job Title |  |
| Email |  | Telephone |  |
|  |
| Availability: Please circle which day(s) you are available each week: |
| Monday | Tuesday | Wednesday | Thursday | Friday |  |
| I am available for: | Full Day | Half Day |
| Supporting Statement and Additional Information:(Please write down why you would like to work with us or any other information you would like to include). |
|  |
| Signature: |  |
| Date: |  |

Due to the nature of our work with young people, you will be required to complete a form for the Disclosure and Barring Service (DBS) which helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

For further information on the Disclosure and Barring Service, please visit https://www.gov.uk/government/organisations/disclosure-and-barring-service/about.

**PLEASE NOTE:** This service does not allow the use of recording equipment of any kind in its counselling sessions.

**Please return this form with** the name and address of your counselling course’s Awarding Body (where applicable). Or copy of your qualifying certificate.