

Placement Application Form

PERSONAL DETAILS					
Name					
Date of Birth					
Address					
Postcode					
Email					
Home		Work		Mobile	

CURRENT TRAINING COURSE	
Course Title	
College / Training Institute	
Year of Study	
Summary of course Orientation (e.g. psychodynamic)	

CURRENT / PREVIOUS EMPLOYMENT (If any)	
	Dates (from-to)

VOLUNTARY WORK (If any)	
Organisation	Dates (from-to)

Relevant work experience

Organisation	Brief description of role	Dates (from-to)

Personal Therapy

Orientation	Hours	Dates

PERSONAL STATEMENT

Briefly describe what you consider a counselling relationship to be

What qualities do you feel you have which would help create such a relationship?

When would you be available to see Clients?

Monday evening 6 to 9pm		
Tuesday evening 6 to 9pm		
Thursday evening 6 to 9pm		
Saturday 10 to 1pm		

When would you be available for supervision?

Monday afternoon 3.50 to 5.50		
Monday evening 6 to 8pm		
Friday 9.30 to 11.30		
Friday evening 6 to 8pm		
Other		

REFEREES (Please give the names of 2 people, the first of whom should be your course tutor. please do not use your personal therapist or people related to you.)

Referee 1

Name

Position Held

Address

Postcode

Email

Telephone No

Referee 2

Name

Position Held

Address

Postcode

Email

Telephone No

Signed

Date

Thank you for taking the time to complete this form

**Please return to:
The Services Manager
The As You Are Centre
The Corner House
45 Southwick Street
Southwick
West Sussex
BN42 4TH**

