

Placement Application Form

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

CURRENT TRAINING COURSE	
Course Title	
College / Training Institute	
Length of course	Year of Study:
Summary of course orientation (eg psychodynamic)	

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

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

<i>Relevant work or volunteer experience</i>		
Organisation	Brief description of role	Dates (from-to)
<i>Personal Therapy</i>		
Orientation	Hours	Dates

PERSONAL STATEMENT
<i>Briefly describe what you consider a counselling relationship to be</i>
<i>What qualities do you feel you have which would help create such a relationship?</i>

When would you be available to see Clients?

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

When would you be available for supervision?

Monday pm 3.50 to 5.50		
Monday evening 6 to 8pm		
Thursday 12.30 to 1.30		
Friday 9.30 to 11.30		
Friday evening 6 to 8pm		
Saturday 9am to 11am		

Trainee Counsellors

Dear Training Establishment ,

Our trainee counsellors are an essential and valued part of As You Are. We are committed to providing professional and supportive clinical placements and adhere to the ethical framework set down by the BACP.

We are looking to recruit trainee counsellors that can demonstrate personal insight and a sense of personal responsibility as well as an acceptable level of counselling skills. Student counsellors will be expected to work with 3 clients each week and to attend fortnightly group supervision, led by As You Are affiliated supervisors.

We are keen to work with training establishments to ensure student counsellors are well supported in this aspect of their training and we request confirmation that you consider this person is sufficiently prepared and is ready for clinical practice.

Please complete the following declaration on behalf of your Training Establishment:

I consider that [*please print student's name*]

is sufficiently prepared and is ready for clinical practice. In the event that concerns arise at As You Are and/or this Training Establishment at any time about his/her fitness to practice, I or another nominated senior member of the training establishment team will collaborate and co-operate fully with As You Are in any discussions, evaluations and decisions regarding the continuation or discontinuation of the student's clinical placement.

Signed: _____ Date: _____

Name [*Please print*] _____

Role _____

Name of Training Establishment: _____

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.)	
<i>Referee 1</i>	
Name	
Position Held	
Address	
Postcode	
Email	
Telephone No	
<i>Referee 2</i>	
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**

Or scan and email to:
info@asyouarecentre.co.uk