

## Placement Application Form

PERSONAL DETAILS				
<b>Name</b>				
<b>Date of Birth</b>				
<b>Address</b>				
<b>Postcode</b>				
<b>Email</b>				
<b>Home</b>		<b>Work</b>		<b>Mobile</b>

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

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

VOLUNTARY WORK (If any)	
<b>Organisation</b>	<b>Dates (from-to)</b>

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

<b>PERSONAL STATEMENT</b>
<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>

Why did you decide to apply to As You Are at this time? What are you hoping to gain from a placement with AYA?


Disclosure Have you ever been convicted of a criminal offence by a Court of Law. If yes please give details of the offence(s), sentence(s) and date(s) in the space provided.

Appointment is subject to an Enhanced DBS check.


As You Are provides Group supervision, What personal qualities do you believe you will bring to the supervision group?


**When would you be available to see Clients?**

<b>Monday evening 6 to 9pm</b>		
<b>Tuesday evening 6 to 9pm</b>		
<b>Thursday evening 6 to 9pm</b>		
<b>Saturday 10 to 1pm</b>		

**When would you be available for supervision?**

<b>Monday pm 3.50 to 5.50</b>		
<b>Wednesday 3.30 to 5.30</b>		
<b>Wednesday 6pm to 8pm</b>		
<b>Thursday 12.30 to 1.30</b>		
<b>Friday 9.30 to 11.30</b>		
<b>Friday evening 6 to 8pm</b>		
<b>Saturday 9am to 11am</b>		

## 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: \_\_\_\_\_

<b>REFEREES</b> (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>	
<b>Name</b>	
<b>Position Held</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email</b>	
Telephone No	
<i>Referee 2</i>	
<b>Name</b>	
<b>Position Held</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email</b>	
<b>Telephone No</b>	

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](mailto:info@asyouarecentre.co.uk)