



Placement Application Form

Thank-you for expressing an interest in As You Are, we value our volunteers who provide an outstanding service for our local community.

Decisions on who to invite for interview are based on what you put on your application form – and the times you are available, we are interested to know about your experience.

Don't forget where you are asked for details of relevant experience, it doesn't just mean paid work. We would like to hear about the range of experience you have that can be paid work or unpaid work.

Just to let you know

- Use the application form - we will not consider CVs, resumes, etc.
- Use continuation sheets if you need to - but make sure they are firmly attached and have your name on
- Use ink that will allow clear photocopies to be made.
- Please remember to complete the Equal Opportunities Monitoring section since this information helps us to check that everyone is being treated fairly.
- Please make sure that your application form is returned in good time for the closing date since forms received after the closing date cannot normally be considered.
- If your application is unsuccessful you can always request feedback by telephoning or emailing the Services Manager and please do not be discouraged from applying to us again.

Once again thank you for your interest in As You Are and good luck with your application.



Placement Application Form

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

CURRENT TRAINING COURSE		
Course Title		
College / Training Institute		
Length of Course		Year of Study: <input type="text"/>
Summary of course orientation (e.g. psychodynamic)		

CURRENT / PREVIOUS EMPLOYMENT (If any)		
Organisation	Brief description of role	Dates (from-to)



Placement Application Form

VOLUNTEER EXPERIENCE

Organisation	Brief description of role	Dates (from-to)

PERSONAL THERAPY

Orientation	Hours	Dates (from-to)



Placement Application Form

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?

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



Placement Application Form

**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?

COVID-19 – Do you have any specific online therapy training (for example Zoom or by phone) or other experiences you feel would be useful for AYA to know about?



Placement Application Form

WHEN WOULD YOU BE ABLE TO SEE CLIENTS?

Day	Time	[Yes/No]
Monday	6 to 9pm	
Tuesday	6 to 9pm	
Thursday	6 to 9pm	
Saturday	10am to 1pm	

WHEN WOULD YOU BE AVAILABLE FOR SUPERVISION?

Day	Time	[Yes/No]
Monday	3:50pm to 5:50pm	
Wednesday	3:30pm to 5:30pm	
Wednesday	6pm to 8pm	
Thursday	12:30pm to 1:30pm	
Friday	9:30am to 11:30am	
Friday	6pm to 8pm	
Saturday	9am to 11am	



Placement Application Form

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: _____



Placement Application Form

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

Phone

Referee 2

Name

Position Held

Address

Postcode

Email

Phone



Placement Application Form

Monitoring Equal Opportunities

This form is confidential and will be retained for monitoring purposes only.

As You Are is striving to be an equal opportunities employer and as such opposes all forms of unlawful or unfair discrimination. All volunteers and employees will be recruited, trained and developed on the basis of their ability and the requirements of the job. In order to monitor the effectiveness of our equal opportunities policies we ask all applicants to provide the following information.

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
Date of Birth			
Do you volunteer for As You Are at present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please note that ethnic origin questions are NOT about nationality, place of birth or citizenship. They are about colour and broad ethnic group – UK citizens can belong to any of the groups indicated.

Ethnic Origin : Please chose one section from A to E then tick the appropriate box to indicate your cultural background

A. White		B. Mixed	
<input type="checkbox"/>	British	<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	Irish	<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	Any other white background (please specify)	<input type="checkbox"/>	White and Asian
		<input type="checkbox"/>	Any other Mixed background (please specify)
C. Black, Black British		D. Asian, Asian British	
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian
<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Any other black background (please specify)	<input type="checkbox"/>	Bangladeshi
		<input type="checkbox"/>	Any other Asian background (please specify)
E. Chinese, Chinese British or other ethnic group			
<input type="checkbox"/>	Chinese		
<input type="checkbox"/>	Any other ethnic group (please specify)		



Placement Application Form

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