

**Safeline Student Placement Volunteer Application Form**

**Any information given on this form is confidential and covered by the Data Protection Act 2018**

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| Post applied for: | **Student Counselling Placement** |
| Date enquired: |  |
| Where did you hear about student placements at Safeline? |  |

**CONTACT DETAILS:**

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| First name: | Surname: |
| Email address: | |
| Address:  Postcode: | Contact number: |

Volunteers are an integral part of SAFELINE, working in all areas of the organisation. Their role is highly valued and are recognised as equals with a unique contribution to make, working alongside and in close co-operation with the staff team.

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| **Why do you want to apply to SAFELINE for your student placement and what would you like to gain from your experience?** |
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| **Please complete the following:** | |
| Which institution are you training at? |  |
| What type of counselling / psychotherapy are you training in? |  |
| What year/level of training are you in? |  |
| Do you have professional indemnity insurance? |  |

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| **Professional Qualifications.** Please include any relevant certificates with your application form. |
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| **Training/short courses/CPD attended relevant to this post** |
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| **Current (Or Most Recent) Employment** | |
| Job or role title: |  |
| Name of Organisation or Company: |  |
| Date started and date left: |  |
| Please provide a summary of main duties & responsibilities: |  |

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| **Previous employment history** (approx. 5 lines) |
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| **What experience and skills, personal interests and achievements have you gained that will help you with your placement at SAFELINE?** |
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| **Declaration of Criminal Convictions**. When applying for a post in Safeline, all criminal convictions must be disclosed. ‘Spent’ convictions must also be disclosed. (Rehabilitation of Offenders (Exemption Order 1975) Checks will be made with the Police. |
| Have you ever been convicted of, or cautioned for, a criminal offence? Please list  You will not necessarily be excluded from being interviewed by answering yes. |

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| **Do you have any support needs? If yes, please specify.** |
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| **Availability** | |
| Safeline asks for a commitment of 2 years following your placement training. Please indicate your acceptance |  |
| Please indicate regular days or times you might be available |  |
| Safeline asks for availability to see three clients per week following your initial training and induction. Please indicate your acceptance |  |
| Students are based at our Warwick Location |  |

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| **Reference will be sought. Please give the names and addresses of two independent referees one of which should be your course tutor if you attend a counselling course** | |
| Name …………………………………………………………..  Address …………………………………………………………  ……………………………………………………………………….  Postcode ……………………………………………………….  Email address ………………..……………………………..  Relationship to you ………………..……………………… | Name …………………………………………………………..  Address …………………………………………………………  ……………………………………………………………………….  Postcode ………………………………………………………..  Email address ………………..……………………………..  Relationship to you ………………..……………………… |
| Please note: Referees should not be personal friends or family members. They should be people who know you in a professional capacity; related to previous employment or voluntary work. If you are attending a counselling course, one of the references should be from your course tutor. We do need two satisfactory references before we can appoint you as a volunteer. Please contact SAFELINE to discuss if necessary. | |

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| I certify that the information provided is complete and correct. I understand that canvassing or failure to provide complete and correct information may result in the withdrawal of an offer of volunteering. |
| **Signed:**  **Dated:** |

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| **Please complete and return this form to:**  Safeline, 6a New Street, Warwick, CV34 4RX  Or by email to: office@safeline.org.uk |