

# CARE TO LISTEN APPLICATION FORM



APPLICANT INFORMATION						
Name					Date	
Street Address						
Town			County			
Phone			E-mail Address			
<b>Optional Information:</b>						
Date of Birth			Gender			
Do you hold a current DBS certificate? (Delete as appropriate)				Do you hold Professional Indemnity Insurance? (Delete as appropriate)		
Are you in personal therapy (Delete as appropriate)				If so, since when?		
Are you a member of a professional body? (Delete as appropriate)				If yes, please specify		

FURTHER EDUCATION (IN CHRONOLOGICAL ORDER)				
College or University	Length of Course (Full or Part Time)	Subjects Studied	Qualification & Grade	Year
PROFESSIONAL/VOCATIONAL TRAINING (STARTING WITH MOST RECENT)				
Place and Method of Study	Length of Course (Full or Part Time)	Subjects Studied	Qualification & Grade	Year

REFEREES			
Please give the names and addresses of two referees, (not personal therapist), one of whom must be able to vouch for your counselling training/experience			
Full Name			Relationship

Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	0
Address			

### PREVIOUS EMPLOYMENT (STARTING WITH MOST RECENT)

Company:

Address:

Job Title

Manager:

Responsibilities:

From:

To: Present

Reason for Leaving:

Non applicable

May we contact your previous manager for a reference?  
(Delete as appropriate)

Company: University of Greenwich

Address:

Job Title:

Manager  
:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous manager for a reference?  
(Delete as appropriate)

Company:

Address:

Job Title:

Manager:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous manager for a reference?  
(Delete as appropriate)

### COUNSELLING EXPERIENCE

Organisation

Address

Job Title:		Manager:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your manager for a reference? (Delete as appropriate)		
Organisation		
Address		
Job Title:		Manager:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your manager for a reference? (Delete as appropriate)		
Organisation		
Address		
Job Title:		Manager:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your manager for a reference? (Delete as appropriate)		

**For the following questions, please feel free to use as much space as necessary.**

**Can you outline why you have chosen to become involved in counselling?**

**Please describe how you perceive the role of a counsellor and what particular skills you have to carry out this role:**

**What do you feel is the purpose of supervision and what are your hopes and expectations of it?**

**Please list below your availability and preference for working on a regular basis, please indicate the day as well as morning, afternoon or evening:**

**DISCLAIMER**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Date: