

#### APPLICATION TO JOIN THE COUNSELLING SERVICE

If you have any questions about completing this form, please contact the Counselling Service Manager (0207 833 1674).

Please type this form up in black. If hand-writing, please use black ink.

**Please Note:** Due to the nature of the work undertaken by London Friend we cannot offer volunteer positions to anyone with a personal history of addiction unless he or she has completed rehabilitation or ceased drug or alcohol misuse for a minimum of two years.

#### **PART 1 - GENERAL**

Work:
Home:
Mobile:
Please state preferred mode of communication:
YES / NO (delete as appropriate)  Please be aware that due to the nature of this role (i.e. clients selecting to use a targeted LGBT service), applicants are required to identify as being from the LGBT community.
Name:
Contact telephone number(s):
Their relationship to you:

1.	How do you feel about your sexual orientation?
2.	Are there any skills, experience, expertise or languages that you could bring to London Friend, and that you would want to offer?
3.	Personal profile. Please use this space to tell us a little about your hobbies and interests and some information about yourself.
4.	Do you have any special needs that you would like us to be aware of (e.g. mobility impairment), specific learning disability (e.g. dyslexia), etc?  Please let us know if you have any special dietary requirements as we provide lunch at training events.
5.	Do you require any particular facilities or assistance at interview?

<b>PART 2 -</b>	COUNSELLING	<b>EXPERIENCE</b>
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If you would like to add any other information or make any comments for this part of the form, please do so on a separate sheet of paper and attach it to the form.

1. Why would you like to be a volunteer counsello	at London Friend?
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#### 2. Employment and / or Voluntary experience

Please list any employment experience you have, starting with the most recent. Please also include any other voluntary work you may have done – formal or informal. Continue on a separate sheet if necessary.

Name & Address of Employer or Voluntary Organisation	Dates	Position	Main Duties

#### 3. Education / Qualifications / Training

Please tell us about any formal education you have had, any qualifications you may have obtained or any other kind of training or learning activities you may have completed that are relevant to this position. Continue on a separate sheet if necessary.

Name of College / Training Organisation	Dates	Course Name / Area of study	Qualification (if applicable)

a)	Hold a recognised qualification in Counselling/Psychotherapy, or currently be in 2 3 <sup>rd</sup> year of training
b)	Have completed at least 30 hours of supervised face-to-face clinical work.  Please note that due to the complexity of the issues of many of our clients, London Frier not a suitable first placement for a trainee counsellor.  Please describe your experience of and approach to counselling clients.
c)	Personal experience of counselling or psychotherapy.  What is your experience of counselling / psychotherapy as a client?  Please state when and for how long you have had therapy, as well as any other comment you would like to make about this experience.

5.	Please describe your experience of counselling lesbians, gay men, bisexuals and transgendered clients or clients questioning their sexuality and gender. If you have not counselled this client group, please list the issues that you feel are important to consider. You may include any non-counselling work you have done with clients from the LGBT community.
6.	Please give details of any supervision you are currently undergoing.
7.	We ask our volunteer counsellors to remain in personal therapy for the duration of their placement with us. How do you feel about this?
8.	We ask all our volunteer counsellors to commit to working for London Friend for two years, working with two to three clients per week. How do you feel about this?
9.	Do you know any staff, volunteers or clients at London Friend? If yes, please say who and state the nature of your relationship (e.g. partner, friend, therapist).
10.	<b>How did you find out about us needing volunteers?</b> (Please be as specific as you can - e.g. "London Friend website", "BACP placement database", "Diva", "g3", "Pink Paper", etc)

11. Please provide us with the contact details of two people who can provide a reference for you, one of whom should be your current (or most recent) clinical supervisor or trainer. We will only contact referees if you decide to take up an offer of a volunteer position. We also recognise that individuals may have a need for discretion; this will be clarified with you prior to taking up your references.

First referee	Second referee
Name:	Name:
Address:	Address:
Telephone No:	Telephone No:
Email Address:	Email Address:
Relationship to you (e.g. clinical supervisor):	Relationship to you (e.g. trainer):

Thank you for your time in completing this application form.

#### **DECLARATION**

I declare to the best of my knowledge that the information I have provided is true and accurate. I understand that any false information supplied or notable omissions may result in termination of my involvement with London Friend.

Signed:	Date:

#### Please return your completed form to:

The Counselling Service Manager, London Friend, 86 Caledonian Road, King's Cross, London, N1 9DN.

Please mark the envelope "Volunteer Counsellor Application".