



## Counselling Placement Application

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please indicate when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>					
<b>Afternoon</b>					
<b>Evening</b>					

How many hours per week are you able to volunteer?

Do you have a full, clean driving license?

Do you have use of a car?

If yes, do you have business insurance?

Have you ever been convicted of a criminal offence?

If **yes**, please give details on a separate sheet and attach to this form.

**Please tell us your reasons for applying to CCAWS for your student placement and what you would like to gain from your experience?**

Which institution are you training at? \_\_\_\_\_

What type of counselling/psychotherapy are you training in?

\_\_\_\_\_

What year/level of training are you in? \_\_\_\_\_

**Professional qualifications.** Please include any relevant certificates with your application form.

**Training/short courses/CPD attended** (relevant to this post):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current (or most recent) Employment:**

Job Title: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Date started \_\_\_\_\_ Date left: \_\_\_\_\_

Please provide a summary of main duties & responsibilities:

**What experience and skills, personal interests and achievements have you gained that will help you with your placement at CCAWS?**

**Declaration of Criminal Convictions.** When applying for a post at CCAWS, all criminal convictions must be disclosed. 'Spent' convictions must also be disclosed. In accordance with the 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:

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(You will not necessarily be excluded from being interviewed by answering yes)

**Do you have any support needs? If yes, please specify below.**

## References

Please provide contact details for two people who have knowledge of your work and character.

**Title:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Title:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**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.

## Data Protection

I understand and agree that by signing and submitting this document, my details will be held in a confidential capacity and used only as is relevant to my volunteering. **Any information given on this form is confidential and covered by the Data Protection Act 2018**

All information contained within this application is true and accurate to the best of my knowledge.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete this application and return to Manon Jones, CCAWS at  
62 Whitchurch Road, Cardiff, CF14 3LX, or scan and email it to [manon.jones@ccaws.org.uk](mailto:manon.jones@ccaws.org.uk)

## Equal Opportunities Monitoring

CCAWS is committed to developing positive policies to promote equal opportunities. Our aim is to select the best candidates regardless of sex, marital status, disability, colour, race, nationality or ethnic or national origins. In order to help us achieve the above aim could you please fill in this monitoring form and return it alongside your completed application form. The information provided will be treated as confidential and not used for the selection process in any way.

<b>Job Reference:</b>	
<b>Gender:</b>	Male <input type="checkbox"/> Female: <input type="checkbox"/>
<b>Date of Birth:</b>	
<b>Marital Status:</b> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living with partner <input type="checkbox"/> Other (Please specify) _____	
<b>Have you any dependents?</b> i.e. Children or family members who rely on you for day to day care: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify: _____	
<b>Ethnic classification:</b> I would describe myself as . . .  <div style="display: flex; justify-content: space-between;"> <span>White European <input type="checkbox"/></span> <span>White British <input type="checkbox"/></span> <span>White Welsh <input type="checkbox"/></span> <span>White Scottish <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>White Irish <input type="checkbox"/></span> <span>White English <input type="checkbox"/></span> <span>White other _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Black or Black British – Caribbean <input type="checkbox"/></span> <span>Black or Black British – African <input type="checkbox"/></span> </div> <span>Black other _____</span> <div style="display: flex; justify-content: space-between;"> <span>Asian or Asian British – Indian <input type="checkbox"/></span> <span>Asian or Asian British – Pakistani <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Asian or Asian British – Bangladeshi <input type="checkbox"/></span> <span>Chinese <input type="checkbox"/></span> </div> <span>Asian other _____</span> <div style="display: flex; justify-content: space-between;"> <span>Mixed – White and Black Caribbean <input type="checkbox"/></span> <span>Mixed – White and Black African <input type="checkbox"/></span> </div> <span>Mixed – White and Asian <input type="checkbox"/></span> <span>Ethnic Background other _____</span> <span>Mixed background other (i.e. Chinese Welsh) _____</span>	
<b>Language:</b> Do you speak Welsh? Fluently <input type="checkbox"/> Working knowledge <input type="checkbox"/> Can Understand <input type="checkbox"/>	

Not at all ☐

Other languages

\_\_\_\_\_

**Are you registered disabled?**

Yes ☐

No ☐

If yes please give details

\_\_\_\_\_

Do you have any other special need considerations which could affect your ability to perform this work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I confirm that, to the best of my knowledge, the information on this form is correct.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_