**Back From The Brink**

**APPLICATION FORM FOR VOLUNTEER COUNSELLORS**

(CONFIDENTIAL WHEN COMPLETE)

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| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email |  |
| D.O.B. |  |

###### Details of any relevant experience (Including paid and unpaid employment)

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| --- | --- | --- | --- | --- |
| Dates (from/to) | | Name and Address | Position Held | Relevant Experience |
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Details of relevant qualifications or training

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| Dates  (from/to) | | Training Organisation | Course | BACP/UKCP/BPS/HGI Accredited |
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**Please give your reasons for wanting to become a volunteer with BFTB.**

(Continue on separate sheet if necessary)

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What do you consider to be important when working with vulnerable adults who have lost residency? (Continue on separate sheet if necessary)

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How would you describe yourself as a counselor?(Continue on separate sheet if necessary)

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What availability do you have?

(Placements are for a 3 month period where it is anticipated that your involvement will be for an average of 6 sessions fortnightly and possibly some emergency support sessions. Each planned session is approximately 1.25 hours. Demand at the beginning of the provision may be heavy and it is anticipated that this will reduce as independence is gained through counseling)

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Please provide details of professional counseling insurance provider and policy reference. (It is not advisable for any person to complete any form of counseling for any organization without having professional insurance and we cannot accept volunteer counselors who do not carry professional liability insurance.)

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Will you remain an active member of a counseling insurance policy while counseling BFTB clients? (We cannot accept any counselors who do not accept to continue with a professional liability insurance policy while working with us.)

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REFEREES

Please give the names and addresses of two referees, for students please include a tutor on your course. These people should not be family members. References will not be taken up until a position has been offered.

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| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| Phone |  | Phone |  |
| Email |  | Email |  |
| Relationship to Applicant |  | Relationship to Applicant |  |

As the work will involve contact with vulnerable people, we are required to state that the position is exempt from the provisions of the Rehabilitation of Offenders Act and therefore, appropriate checks will be made.

I confirm that to the best of my knowledge, the information I have provided on the application from is true and correct and I give consent that my details will be saved by BFTB in secure encrypted file for the use of BFTB only until such time as I have ceased to work for BFTB for a period of 1 year or I ask that my details be removed.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please complete your profile page below which will be the information that matched clients will see about you. A SAMPLE is provided to show you what the client will receive.

Please return all completed forms to:

adminBFTB@protonmail.com

**Back From The Brink**

**VOLUNTEER COUNSELLOR PROFILE**

**Your Name**

**Photograph**

**Professional contact details**

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| **Short introduction about yourself to include**   * **a little of your professional history** * **why you volunteer at BFTB** * **what you can bring to their experience** * **How you intend to structure the support and the outcomes** |

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**VOLUNTEER COUNSELLOR PROFILE SAMPLE**

**Sandra Jander MC, HGI trainee**

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[**SJander@healingwords.co.uk**](mailto:SJander@healingwords.co.uk)

**07123 123456**

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| **I have been a counselor for 3 years now, following a career change from being an IT consultant in Birmingham. So many of my colleagues needed assistance with their mental health and after my own personal experience I realized that there was a great need for counselors that helped people to stand on their own feet. I am still completing my accreditation with the Human Givens Institute and find that the principles of this form of counseling approach is very effective.**  **I volunteer with BFTB as part of the philanthropy work that I provide to the community. I believe that it is important that each of us give something back to the world and this is me doing my part.**  **I hope to bring you peace, coping strategies that will help you to thrive and an independence that you can rely on for years to come.**  **My approach is simple. We will begin with a chat and then I shall arrange regular sessions with you over which time we will get to know each other and then we shall identify your needs, set some goals for you, establish your resources to enable you to reach your goals and then agree a strategy. After that we will focus on rehearsing your success as we together move you towards imbedding what you have discovered about yourself.**  **I look forward to hearing from you.**  **Sandra J.** |