A logo for a counseling company

AI-generated content may be incorrect.

Above & Beyond Counselling

## Counsellor Application Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  | |  | | | | | | |  | Date Applied: |  |  |
|  |  | | First | | Last | | | |  |  |  |  |  |
| Address: |  | |  | | | | | | |  | Phone: |  |  |
|  |  | | Street address | | | | | |  |  |  |  |  |
|  |  | |  | | | | | | |  | Email: |  |  |
|  |  | | City | | | | Town | | Postcode |  |  |  |  |
| Nationality: | | |  | |  | |  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Position applied for: |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you an individual/registered member of a professional body? | | |  | Yes | | No |  | Please provide your membership number \_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  | | | | | | | | |
| Do you have your own supervisor? | | |  | Yes | | No |  |  | | |
|  |  |  | | | | | | | | |
| Are you Insured to practice? | | |  | Yes | | No |  | Reference Number: |  |  |
|  |  |  | | | | | | | | |
| What are your Therapeutic Modalities? | | | |  |  |  | | | |
|  |  |  | | | | | | | | |
| How many years of professional counselling experience do you have? | | |  |  |  | | | |

## Education

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| High school: | | |  |  | | | | | | | | | |  | Address: | | | |  |  | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Grade: | | | |  |  | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| College: | | |  |  | | | | | | | | | |  | Address: | | | |  |  | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Grade: | | | |  |  | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| University: | | |  |  | | | | | | | | | |  | Address: | | | |  |  | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  |  | Grade: | | | |  |  | | | |

Do you have any relevant training or courses undertaken in the last 5 years:

|  |  |
| --- | --- |
| **Course/training details** | **Date Acquired** |
|  |  |

## References

Please provide 2 references here.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

## Previous Employment

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | |  | Name: |  |  | | | | |
|  | | |  |  | | | | | | | | |
| Address: |  |  | | |  | Contact: |  |  | | | | |
|  | | |  |  | | | | | | | | |
| Job title: |  |  | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | |
|  | | |  |  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | |  | Name: |  |  | | | | |
|  | | |  |  | | | | | | | | |
| Address: |  |  | | |  | Contact: |  |  | | | | |
|  | | |  |  | | | | | | | | |
| Job title: |  |  | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | |  | Name: |  |  | | | | |
|  | | |  |  | | | | | | | | |
| Address: |  |  | | |  | Contact: |  |  | | | | |
|  | | |  |  | | | | | | | | |
| Job title: |  |  | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | |
|  | | |  |  | | | | | | | | |

Note. Above & Beyond Counselling may contact your references if the application is successful.

## Why do you want to join Above & Beyond Counselling? (In less than 500 words)

## Criminal Convictions Disclosure – Rehabilitation of Offenders Act 1974

Due to the nature of counselling work and the potential to work with vulnerable individuals or access sensitive personal data, this role is exempt from the Rehabilitation of Offenders Act 1974.

Applicants are therefore required to disclose **all** criminal convictions — including those that may be considered spent under the Act. This includes cautions, warnings, reprimands, or pending matters.

|  |  |  |
| --- | --- | --- |
| Disclose here, if not applicable, please move onto the last section. |  |  |
|  |  |  |

A Disclosure and Barring Service (DBS) check may be required prior to accepting clients or beginning work.

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I acknowledge my data will be stored up until the end of my contract with A&B Counselling.

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

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