

VOLUNTEER COUNSELLOR APPLICATION FORM



Personal Details			
Surname		Forenames	
Address		Home Tel. No.	
		Mobile Tel. No.	
		Work Tel. No.	
Postcode		Email Address	
May we call you at work? <i>(please enter X)</i>		YES	NO

Relevant Counselling Qualifications			
Qualification Level <i>BA(Hons), Foundation Degree, Diploma, Certificate etc.</i>	<i>Please enter X</i>		College / Institute <i>Please include year course completed</i>
	Passed	Currently undertaking	
If currently studying, no. of supervised placement hours completed			
Membership of professional institutions (with dates)			
Other relevant counselling training/courses undertaken (with dates)			

Other Education/training/qualifications/certificates

Schools, colleges and universities attended	Dates		Courses taken/examinations	Grade
	From	To		

Employment (including any relevant voluntary work and other placements undertaken)

Employer/Organisation	Dates		Job Title & Details of Role
	From	To	

Experience, skills and abilities

Please explain why you believe you would be a valuable addition to The Blue Door Counselling Team

Please explain your reasons for wanting to become a volunteer counsellor with The Blue Door Team

Which is your preferred counselling location? *(please enter X against one location)*

Please note, this is not a binding commitment – it just helps us to decide where to hold the interview

Scunthorpe

Grimby

References			
Please give the names and contact details of two individuals who have agreed to provide references relating to your ability to carry out the duties of counsellor (if you are seeking a placement, one of these should be your tutor)			
Reference 1		Reference 2	
Name		Name	
Company/Institute		Company/Institute	
Position Held		Position Held	
Address		Address	
Postcode		Postcode	
Telephone No.		Telephone No.	
Email Address		Email Address	
Relationship to you		Relationship to you	

Additional information (please mark boxes as appropriate)		
Are you a relative, close friend or partner of any current Trustees, Directors or employees of Grimsby and Scunthorpe Rape Crisis / The Blue Door?	Yes	No
If Yes, please give name and relationship		
Do you consider yourself to have a disability, as defined by the Equality Act 2010?	Yes	No
If Yes, are there any adjustments required for you to attend the interview?		
Please details any required adjustment/assistances:		
If you would prefer to discuss the assistance required in person, please call 0800 197 4787		

Criminal Convictions		
As an equal opportunities employer, when considering an applicant with a criminal record, the organisation will consider the relevance of the conviction(s) to the position for which the individual is applying. A criminal record will not necessarily be a bar to obtaining employment or voluntary work within the organisation		
All successful candidates are required to undertake an Enhanced Disclosure and Barring Service (DBS) check. Please provide details below of all previous convictions (including driving offences), cautions or orders		
Conviction(s)	Date	Details

Declaration

I declare that the particulars I have given are true, complete and correct. I accept that any false statement or material omissions could lead to my removal from the voluntary position. I understand that canvassing members of The Blue Door in connection with this appointment, or knowingly failing to disclose a relationship, will disqualify me.

Signature of applicant:

Date:

Please return this application to:

The Counselling Team
The Blue Door
26-28 Laneham Street
Scunthorpe
DN15 6PB

julie.pearson@itsmyright.co.uk

Equality Monitoring Form

The Blue Door is committed to ensuring equality of opportunity in our recruitment processes. We will consider all applicants on their suitability for the post, irrespective of sex, age, religion or ethnic origins, sexuality, disability, responsibility for dependents. To assist us in this, we need to monitor certain characteristics of applicants. We would, therefore, be grateful if you could complete this section of the form.

Please note that this section of the form is detached on receipt, and forms no part of the selection process. It is completely confidential and will be held separately from any data that could identify you personally.

What is your ethnic background?	
White	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
European	<input type="checkbox"/>
Other white background (<i>please specify</i>)	<input type="checkbox"/>
Dual Heritage	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other dual background (<i>please specify</i>)	<input type="checkbox"/>
Black	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
British	<input type="checkbox"/>
Any other black background (<i>please specify</i>)	<input type="checkbox"/>
Asian	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
British	<input type="checkbox"/>
Any other Asian background (<i>please specify</i>)	<input type="checkbox"/>
Gypsy & Traveller	
Irish	<input type="checkbox"/>
Romany	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>
Chinese & Any Other	
Chinese	<input type="checkbox"/>
Any other (<i>please specify</i>)	<input type="checkbox"/>
What is your sexual orientation?	
Heterosexual	<input type="checkbox"/>
Bi-sexual	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>
What is your sex?	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>
Do you consider yourself to be transgender?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

What is your date of birth?		
dd	mm	yyyy
<input type="checkbox"/>		
Do you consider yourself to have a disability?		
Yes		<input type="checkbox"/>
No		<input type="checkbox"/>
Prefer not to answer		<input type="checkbox"/>
If YES, please specify:		
Physical impairment		<input type="checkbox"/>
Sensory impairment		<input type="checkbox"/>
Mental health condition		<input type="checkbox"/>
Learning disability or difficulty		<input type="checkbox"/>
Long term illness		<input type="checkbox"/>
Other (<i>please specify</i>)		<input type="checkbox"/>
What is your religion or belief?		
Christianity		<input type="checkbox"/>
Judaism		<input type="checkbox"/>
Buddhism		<input type="checkbox"/>
Islam		<input type="checkbox"/>
Hinduism		<input type="checkbox"/>
Sikhism		<input type="checkbox"/>
None		<input type="checkbox"/>
Other (<i>please specify</i>)		<input type="checkbox"/>
Are you currently pregnant?		
Yes		<input type="checkbox"/>
No		<input type="checkbox"/>
Prefer not to answer		<input type="checkbox"/>
Have you given birth in the last 26 weeks?		
Yes		<input type="checkbox"/>
No		<input type="checkbox"/>
Prefer not to answer		<input type="checkbox"/>
Are you married or in a civil partnership?		
Yes		<input type="checkbox"/>
No		<input type="checkbox"/>
Prefer not to answer		<input type="checkbox"/>
Do you have caring responsibilities?		
Yes		<input type="checkbox"/>
No		<input type="checkbox"/>