**Richmond Borough Mind Psychotherapy & Counselling Service**

**Application for: Volunteer therapist**

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| Name:  |  |
| Telephone No |  |
| Email Address |  |
| Are you currently in counselling/psychotherapy training? |
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| If training, what year of training are you in? |
|  |
| If training, do you hold a competency to practice certificate from your training course?  |
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| Which institution are you training/were you training at? |
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| What is the name of the training course you are undertaking/undertook? |
|  |
| If you are a qualified counsellor/psychotherapist, what year did you complete your training? |
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| What type of counselling/Psychotherapy are you trained/training in? |
|  |
| Please give details of clinical placements to date with clinical hours achieved.  |
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| Total clinical hours to date: ***Please be aware we do not recruit those seeking a first placement.******The complex needs of our clients means we can only recruit therapists that have completed upwards of 130 supervised, 1-1 client facing clinical hours.*** ***These hours must have been gained in a clear contracted therapeutic relationship, as opposed to using counselling skills in an advice, befriending or support role.*** |
| What attracted you to a role at RB Mind? |
|  |
| Can you pledge to give RB Mind a one-year commitment?  | Yes / No |
| What Regulatory Body are you a member of? |  |
| Do you have your own indemnity insurance?  | Yes / No |
| Please advise of your placement availability:  *Please be aware this is a guide only; we can only offer what sessions are available at the time of recruitment.* |
| **Tuesdays** | PM  | AM | Evening |
| **Wednesdays** | PM | AM | Evening |
| **Thursdays**  | PM | AM |  |
| **Saturdays** | PM | AM |  |

Thank you for completing this application form.

Please return along with your CV to: volunteering@rbmind.org

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| **For office use:**  |
| Date acknowledgement sent:  |
| CV requested:  |
| Date on waiting list for placement:  |
| Interview date:  |