**Richmond Borough Mind Psychotherapy & Counselling Service**

**Application for: Volunteer Therapist**

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| Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially. They will be accessed by authorised management. **Please place a cross in the box if you consent to Richmond Borough Mind storing your information in accordance with the** [**GDPR and RB Mind Privacy Policy**](https://www.rbmind.org/wp-content/uploads/2018/06/Privacy-Policy.pdf) (without consent we are unable to process your application)    |    |
| 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? |
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| 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? |
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| 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? |
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| Please give details of clinical placements to date with clinical hours achieved. *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 50 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.* |
| Total clinical hours to date:  |
| What Regulatory Body are you a member of? |  |
| What attracted you to a role at RB Mind? |
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| Can you pledge to give RB Mind a minimum one-year commitment?  | Yes / No |

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| Please advise of your placement availability (please highlight **all that are possible for you**): *Please be aware this is a guide only; we can only offer what sessions are available at the time of recruitment.* | Please highlight **one** supervision session that you can attend consistently. |
|  | *1:1 sessions or Group AM* | *1:1 sessions or Group Afternoon**Please write in your preference of time* | *1:1 sessions or Group Eve* | *Supervision* |
| **Tuesdays** |  | 1pm – 5pm | 6pm-9pm | 1pm-3pm fortnightly or4pm-6pm fortnightly |
| **Wednesdays** |  |  | 6pm-9pm | 1pm-3pm fortnightly or5pm-6pm weekly |
| **Thursdays**  |  |  |  | 1pm-3pm fortnightlyor4pm-6pm fortnightly |
| **Saturdays** | 10am –1pm |  |  |  |

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| Please provide a professional email address for TWO referees. Both referees should be someone who has been your direct supervisor, manager or tutor, for at least 1 year, either in work (paid or unpaid) or in education/training.  The two references should be from different organisations, and should not be related to you or know you in a personal capacity. |
| Name: Relationship to you:Email address:Contact number: | Name: Relationship to you:Email address:Contact number: |
| I declare the information I have provided is true.Signed: Date: |
|  ***Information about visas****If you are from the European Union, you are free to volunteer in the UK. For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency to find out. RB Mind is not able to sponsor volunteer visas.* |

Thank you for completing this application form. **Please save this form with your initials included** and return it along with your CV to: counselling.admin@rbmind.org

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