**YCS Volunteer Counsellor Application Form**

Please read through the role description and person specification provided as part of this pack before completing the application form. Please complete this form and return the form via email to: [admin@ycscounsellingwales.co.uk](mailto:admin@ycscounsellingwales.co.uk)

Please provide your contact details below.

Name:

Address:

Email:

Telephone:

Emergency contact name:

Emergency contact telephone:

Please provide your counselling qualifications (both counselling qualifications and other) and experience below, including any qualifications you are currently studying for:

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Name of University/college** | **Date qualified/expect to qualify** |
|  |  |  |
| **Experience**  Please provide details of any counselling experience you have achieved (including place of counselling, hours completed and any particular topics you have experience with e.g. trauma, sexual abuse, dependencies | | |
| **Name of placement** | **Hours completed (amount)** | **Particular areas of experience** |
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Please provide other education qualifications that complement your application

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Name of School/University** | **Date achieved** |
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Please provide information on any other languages you speak.

|  |  |
| --- | --- |
| Language | Are you proficient to provide counselling in this language? |
|  |  |

Please provide you recent employment history below:

|  |  |  |
| --- | --- | --- |
| **Role/title** | **Name of employer** | **Dates of employment** |
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Tell us why you are interested in becoming a volunteer counsellor with YCS?

Please describe the skills, experience and interests you can bring to this role? If you have volunteered or other community/voluntary sector experience, please include this.

YCS office in Cardiff is open part time and placements are generally available when the office is open and staffed. This is not the same for satellite counselling in Bridgend and RCT.

Please let us know when you can volunteer and how far you are prepared to travel when face to face counselling is possible.

Alternatively (or in addition), please state when you would be available to provide online or telephone counselling remotely.

For volunteers wanting to carry all their hours via zoom, please be advised you will need to have your own zoom account and administer this account and provide all links to your client.

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Hours available** | **Max travel** | **Times not available (eg: in school holidays)** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |

How many hours per week would you like to volunteer in total?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the contact details of two people prepared to provide a short reference about your ability to carry out this role:

Referee 1

Name:

Job/role:

Email:

Telephone:

Context in which this person knows you:

Referee 2

Name:

Job/role:

Email:

Telephone:

Context in which this person knows you:

Please sign to confirm you have understood the requirements of the role as outlined in the role description and person specification and that you will need to undertake an enhanced DBS check:

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_