

Volunteer Qualified Counsellor Application Form

Name (Please use block capitals):

Address & Postcode:

DOB: _____ Age: _____ Gender: Male/Female/Other/Prefer Not To Say

Telephone No. (Day): _____

Telephone No. (Evening): _____

Mobile No.: _____

Email address: _____

We require you to be a registered member of the BACP. Please specify what type of membership you hold with the BACP and give your membership number.

Have you applied to become a Compass volunteer before? YES/NO

Please tell us why you are interested in becoming a Compass volunteer:

Are there any past or current significant mental health related illnesses or problems or any medication of which you feel Compass needs to be aware? If yes, please provide details below.

Are you currently receiving counselling from Compass? YES/NO

Have you received counselling from Compass in the past? YES/NO

- **If you are currently a Compass client you will need to make other arrangements for your counselling outside Compass before becoming a volunteer counsellor**

If you are accepted as a volunteer, you will be placed on a six-month probationary period and you will be asked to agree to the following:

- **To commit to ongoing voluntary work as a Compass counsellor for at least 2 years if possible, seeing a minimum of 2 clients per week.**
- **To be in sympathy with the philosophy and aims of Compass**
- **To work in accordance with the BACP's Ethical Framework for the Counselling Professions**
- **To review your role after six months with your supervisor and Counselling Service Manager.**

Please give details of your previous employment starting with the most recent.

Job title:

Main duties:

Dates:

Reason for leaving:

Job title:

Main duties:

Dates:

Reason for leaving:

Job title:

Main duties:

Dates:

Reason for leaving:

Job title:

Main duties:

Dates:

Reason for leaving:

Please summarise any other employment history that you wish to include:

Please summarise your academic history to date:

Are you currently the subject of a fitness to practise investigation or proceedings by the BACP or other relevant regulatory body in the UK or in any other country?

- Yes
- No

If yes, please give details below:

Do you require a work permit to work in the UK?

- Yes
- No

If yes, please give details below:

Have you been convicted of a criminal offence which is not spent under the Rehabilitation of Offenders Act 1974

- Yes
- No

If yes, please give details below:

Do you require: Wheelchair access? YES/NO Large Print Handouts? YES/NO

Other (Please specify): _____

References

Please provide the names and contact details of two referees. References will be treated in the strictest confidence. It is important that your referees are as objective as possible, so one reference must be from someone who has experience of you working in a counselling or similar role, e.g. your supervisor.

Referee 1		Referee 2	
Name:		Name:	
Organisation:		Organisation:	
Position:		Position:	
Address:		Address:	
Postcode:		Postcode:	
Tel (Home):		Tel (Home):	
Tel (Work):		Tel (Work):	
Mobile:		Mobile:	
Email:		Email:	

Declaration

I confirm that the details given in this form are correct and understand that any false declaration may result in my dismissal from Compass and the BACP may be consulted.

Signature

Date

Please return application form to:

Compass Counselling Services
151 Dale Street
Liverpool
L2 2AH
Fax: 0151 237 3994
Email: enquiries@compass-counselling.org.uk

Thank you for your interest in Compass

For Office Use Only:

Date received:

Response sent: