

Counsellor Application Form

Name:			
Address:			
202	Talashas A		
D.O.B.	Home/Telephone N	No:	
	Mobile:		
E-Mail:			
DBS Checked: YES	NO 🗆		
Date issued:			
Course Details			·
Present College / University	Name of Current Course	Date Started	Areas covered



Placement Availability & Commitment

Counselling	Monday	Tuesday	Wednesday	Thursday	Friday
Min: 3 client hours per week (Please state times available Mon-Fri)					

Practical Counselling Experience

	Number of hours
Face to Face	
Telephone	
Group	
Personal Therapy	

Counselling Qualification/Training

Name of Course	Qualification	Date Attained
Describe the theoretical base of your	training so far:	



Personal Therapy
Tell us something about your experience:
Counselling Experience
Please give details of any Practical Counselling Experience:
Please give details of any other relevant experience/voluntary work:

The Role of the Counsellor



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Please give details of any Practical Counselling Experience:			
What life experience(s), if any, i	may have an influence on your	role as a counsel	lor?
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Employment Record (starting with the most recent)			
Name of Employer	Job Description	Start Date	End Date



		P.5		
Referees				
Please give the names and addr or equivalent from your current		ferences, one of	f whom must be f	rom your tutor
Name and Address (please include email address)		2. Name and Address (please include email address)		
Detetionable		Datationahia		
Relationship:		Relationship:		
Name [.]				
Name:				
Signature:				

Date:_



Please return as soon as possible to counselling@sgmind.org.uk

We will be in touch once we have received your application.

Thank you

Janey P Templer-Milligan Laura Coleman Co-Lead Psychotherapists / Counsellors for Self Harmony