**TCS Taunton Counselling Service**

**Qualified Counsellor Application Form**

***Just type your answers in the empty boxes, they should expand as you type.***

***When you have completed the form please either***

**Email it to:** tauntoncounsellingsvc@gmail.com

***Your personal details***

|  |  |
| --- | --- |
| Name |  |
| Home address |  |
| Post code |  |
| Tel Mobile |  |
| Tel Home |  |
| Email |  |
| Date of birth |  |
| Current occupation |  |
| Date of application |  |

Please insert a photo of yourself above

***Please tell us about your counselling:***

|  |  |
| --- | --- |
| Are you qualified to at least diploma level?  |  |
| What ‘level’ is your highest qualification (if that is a relevant term) |  |
| Where did you do your training? |  |
| Between which dates? |  |
| What model(s) of counselling were you trained in. If more than 1 give approximate percentages |  |
| How would you self-describe in terms of type of counsellor you are (eg person-centred, integrative, etc)? |  |
| Are you doing any training at present? If so please give details |  |
| Roughly how many hours of supervised, one to one counselling have you done, *since* obtaining your highest qualification? |  |
| Do you work with couples? |  |
| Do you have any particular areas of interest / expertise? |  |
| Are you a member of any professional body? If so please give details. NB This is NOT required to work with us. |  |
| Do you currently have your own insurance? |  |
| Do you have a supervisor? If so please give their details |  |

***Therapeutic approach***

We are committed as an organisation to the offering of ‘Person-Centred therapy’ and, as an organisation try and work in that way. We recognise that many counsellors may be trained and indeed practice is a variety of approaches, however we feel that it is essential that you can resonate with and understand this approach.

How does it feel to you to be working in an organisation with such an approach and how do you see Person-Centred therapy in the therapy room?

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|  |

***Other employment history / activities***

*Please tell us about your current and previous employment experience. This may be work you have done that is paid or unpaid, of any type (not just counselling experience).*

|  |  |
| --- | --- |
| Dates |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  | *To add more lines - position cursor just outside the right hand edge of the box above this one, click and then press Return:* |

***How did you hear about us?***

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| --- |
|  |

***Availability***

|  |  |
| --- | --- |
| If you joined us, how many clients do you think you could work with each week? |  |

Are there days / times in the week which are easier / not possible for you to work? Please complete the following table:

**A = first preferences, B = possible, X = not available**

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Morning | Afternoon | Evening |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |

***Finally in terms of the application:***

Is there anything else you’d like to tell us about you as a person, your practice, or any information you’d like us to take into account?

|  |
| --- |
|  |

***What you are applying for:***

The agency does not employ counsellors / therapists. You are applying here to be added to our list of ‘Associate Counsellors’, you would work in that capacity as a self-employed person. As such you are responsible for any tax / NI due.

***Signature: Date:***

|  |  |
| --- | --- |
|  |  |