

Volunteer Counsellor Application form

This form is for type written answers. If you wish to handwrite your application please print out the PDF from the website.

Please do not complete this form without first having read "Introduction to trainee counsellor placements" Also available on the website.

Please Complete All Sections.

Please either insert or attach small

photo of yourself in the box above

When you have completed the form please either

Email it to: pgcs@btinternet.com

Or send it to PGCS, 3 Palace Gate, Exeter, EX1 1JA

A. Personal d	letails
Name	
Address	
Post code	
Tel number	Mobile
Date of Birth	
Current occup	ation
Email	

B. Co	unselling Training
Where	e are you / did you do your main counselling training (please mark which one).
□ Ex	artmoor Centre for Counselling and Psychotherapy – Newton Abbot seter College idgewater College her, if so which training
	onmill – Exeter. (Please note that we no longer consider applications from udents at the Iron Mill until after they have obtained their Diploma)
Trainir	ng Start Date: End Date:
If you section	have attended one of the first 4 training courses please go start to on C.
If vour	have ticked "Other" please continue and fill in the details below
1	How was / is the course arranged? (eg 1 day per week for no. weeks a year for no. years)
2	What was / will be the total number of contact hours on the course?
3	What therapeutic models were / are you training in?
	Model %
	Model
4	Is the course BACP accredited?
5	Please give any other information about the course that you consider relevant (e.g. details of how the practical work is organised, names of trainers etc)

C. Therapeutic approach

PGCS is committed to the 'Person-Centred approach' in therapy. We recognise that many trainee counsellors come from courses which are not pure Person-Centred (e.g. integrative) but it is still essential that you have a thorough appreciation of what being a 'Person-Centred therapist' means. The following questions give you an opportunity to demonstrate your understanding.

Consider the statement:

'Person-Centredness is, among other things, about 'being' rather than 'doing".

- 1. What does that mean to you in terms of your work with clients and do you consider 'being' to be sufficient?
- 2. If you feel comfortable with the statement, how do your see yourself 'being' with clients?
- 3. Is 'being with' your clients really enough for *all* of them?

It is up to you how you tackle the above questions; you may decide to answer each in turn or produce a composite answer or develop a fuller answer to one only. You should not take more than ¾ side of A4 (typed) or the equivalent hand-written (two sides) to answer all of the questions.

D. Counselling Experience:

Please indicate you main counselling experience to date, paid or voluntary.

(Note that as you type into the table the row space will increase if necessary. To add an extra row(s) at the end click into the last box and press Tab button on your keyboard)

Start date	End date	Hours per week	Description of work		
		<u> </u>			
On average h	now many hou	ırs of one-to-o	ne counselling are you doing at present per		
Approximatel	y how many h		one councelling have you done in total?		
Approximatei	y now many n		o-one counselling have you done in total?		
			at other therapeutic approach(es) are you chodynamic etc.		
Do you curre	ntly have a co	unselling plac	rement?		
(NB PGCS will (unless the typ	If so please give details: (NB PGCS will not usually offer a placement to someone who already has a placement (unless the type of client work is very different to that encountered at PG e.g. a placement working with young people is likely to be acceptable but another adult generic placement is unlikely to be).				

E. Your general work history

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). Note that this section is **not** optional.

(Note that as you type into the table the row space will increase if necessary. To add an extra row(s) at the end click into the last box and press Tab button on your keyboard)

Start date	End date	Organisation	Description of work

(This space is blank to allow the table above to expand).

	F. Please describe why you wish to join the Palace Gate Counselling Service and what you feel you could contribute.			
for to counsell	ing if appointed.	Please put a lette	ow when you would be er in each box denoting nd X = not available. 5pm to 9pm	
Monday Tuesday Wednesday Thursday Friday		ace Gate Counse		

able to comment on your counselling practise (e.g. Supervisor, Trainer etc).

Character Reference	Professional Reference
Name	Name
Address	Address
Town / City	Town / City
Post Code	Post Code
Telephone	Telephone
Number	Number

Signature:	Date:
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