***All data will be held in the strictest of confidence in compliance with the Data Protection Act 1998 and the General Data Protection Regulation 2016.***

**PERSONAL DETAILS**

**Preferred Contact Number:**

**Title:**

**Forename:**

**Surname:**

**Address:** *(including postcode)*

**Email:**

**COURSE DETAILS**

**Full Name of Course:**

**Start date of course:**

**Name of**

**awarding body:**

**Name of College / University:**

**Address:** *(including postcode)*

**Tutor’s Name:**

**Tutor Contact**

**details:**

**PROFESSIONAL REQUIREMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirement** | **Yes** | **No** | **In Progress** |
| **Do you have a Fit to Practice letter from your course provider?** |  |  |  |
| *If yes, please provide the date you obtained your Fit to Practice Letter* |  |
| **Do you have a Professional Supervisor in place?** |  |  |  |
| *If yes, please provide the full name of your Supervisor* |  |
| **Are you a Student Member of the BACP?** |  |  |  |
| **Do you have Professional Indemnity Insurance?** |  |  |  |
| **Do you have a current DBS check or subscription to the Update Service?** |  |  |  |
| **Do you have a Placement already in place** |  |  |  |
| *If yes, please provide details of current placement***CCC opening hours are Mon to Fri 9am to 4pm. Please tell us your availability between these hours.** |  |

**If successful, when would you want your placement to start?**

**Please provide an overview of your therapeutic model and placement requirements**

**YOUR PLACEMENT**

Please describe below your understanding and awareness of **CCC** and the work we do

***NB: We don’t want a list of our services or a description of what we do, we are asking if you have an understanding of the nature and purpose of CCC, of why we exist and the passion that drives our services.***

Please tell us why you would like to apply for a placement at **CCC**, what you hope to gain and what you feel you have to offer **CCC**?

**Commitment:** Initially we can offer students two client hours with options to increase this later in your placement with approval from your Tutor and Supervisor. We expect students to have a minimum of 95% attendance during their placement. Please describe your understanding of committing to your placement. .hours.

**Signed:**

**Date:**

**Please return this application form by post to:** Manager, **Chrysalis Centre for Change**

**Address:** 1st Floor, The Beacon Building, 25 College Street, St Helens, WA10 1TF

**Or by email:** chrysaliscentreforchange@gmail.com

**EQUAL OPPORTUNITY MONITORING**

**Chrysalis Centre for Change** (**CCC**) is an equal opportunity organisation. **CCC** want to ensure that no applicant receives less favourable treatment on the grounds of race, colour, nationality, marital status, sexuality, age, trades union activity, disability, political or religious belief, or is disadvantaged by conditions or requirements which cannot reasonably be shown to be justifiable.

**Monitoring: Placement Applicant’s Form**

In order to ensure the successful development of this policy in relation to recruitment and selection, all applicants are requested to fill in the appropriate details as shown below.

**The information you supply will be treated as strictly confidential and will only be used for monitoring purposes. Copies will not be available to the member of staff interviewing you for a placement.**

***Date of Birth:***

***Your ethnic origin*** *(Please tick the appropriate box.)*

***White:*** *British* ❑ *Irish* ❑ *Any other White background* ❑

***Mixed:*** *White & Black Caribbean* ❑ *White & Black African* ❑ *White & Asian* ❑

 *Any other mixed background* ❑

***Asian or Asian British:*** *Indian* ❑ *Pakistani* ❑ *Bangladeshi* ❑ *Other Asian background* ❑

***Black or Black British:*** *Caribbean* ❑ *African* ❑  *Any other Black background* ❑

***Chinese or other ethnic group*** *Chinese* ❑ *Other* ❑

**Prefer not to say** ❑

***Your marital status*** *(Please tick the appropriate box.)*

 Married ❑ Single ❑ Civil / Live-In Partner ❑ Divorced ❑ Widowed ❑ Prefer not to say ❑

***Are you disabled?*** *(Please tick the appropriate box.)* Yes ❑ No ❑

***Your culture, belief or religion?*** *(Please tick the appropriate box.)*

 Atheist ❑ Buddhist ❑ Christian (includes Catholic/CofE) ❑ Hindu ❑ Jewish ❑

 Muslim ❑ Sikh ❑ No culture, belief or religion ❑ Prefer not to say ❑

 Any other culture, belief or religion, please state: ....................................................................................

***Your sexual orientation?*** *(Please tick the appropriate box.)*

 Heterosexual ❑ Gay/Lesbian ❑ Bisexual ❑ Don’t Know ❑ Prefer not to say ❑

 Other ❑ Please state: (*optional*)..................................................................................................................

***Have you ever identified as transgender?*** Yes ❑ No ❑ Prefer not to say ❑

***Have you ever identified as any other gender identity?*** Yes ❑ No ❑ Prefer not to say ❑

 If yes, please state (*optional*): ......................................................................................................................