



Student Counselling Placement Application Form

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

Title:	<input type="text"/>	Forename:	<input type="text"/>
Surname:	<input type="text"/>		
Address: <i>(including postcode)</i>	<input type="text"/>		
Email:	<input type="text"/>		
Preferred Contact Number:	<input type="text"/>		

COURSE DETAILS

Full Name of Course:	<input type="text"/>
Start date of course:	<input type="text"/>
Name of awarding body:	<input type="text"/>
Name of College / University:	<input type="text"/>
Address: <i>(including postcode)</i>	<input type="text"/>
Tutor's Name:	<input type="text"/>
Tutor Contact details:	<input type="text"/>



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PROFESSIONAL REQUIREMENTS

Requirement	Yes	No	In Progress
Do you have a Fit to Practice letter from your course provider?			
<i>If yes, please provide the date you obtained your Fit to Practice Letter</i>			
Do you have a Professional Supervisor in place?			
<i>If yes, please provide the full name of your Supervisor</i>			
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			
<i>If yes, please provide details of current placement</i>			
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



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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.

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):