**Harbour Counselling Service Ltd**

**Address:** Shore Road, Perth, PH2 8BD **Telephone:** (01738) 449 102

**Email:** office@harbourperth.org.uk

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| **Volunteer Counsellor Application Form** |

**Section 1: Your personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | First Name: |  |
| Surname: |  | | |
| Address: |  | | |
| Post Code: |  | | |
| Telephone No: |  | | |
| Mobile No: |  | | |
| Email: |  | | |
| Do you have a Current PVG Certificate? | Yes  No | | |

**Section 2: Education and Training**

Please give details of your Counselling qualifications or other relevant professional qualifications or experience starting with your most recent:

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Name of institution and course(s) | Qualification(s) achieved |
|  |  |  |  |
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**Section 3: Counselling/Psychotherapy Approach**

Harbour Counselling Service offers clients a variety of counselling modalities. We also offer Christian Counselling and Couple Counselling.

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| What modality/modalities of therapy do you practice? |  |
| Do you hold a certificate in couple counselling? |  |
| Which Professional Body are you registered with and what is your registration number? |  |

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| --- | --- |
| Harbour Counselling holds a Christian ethos and offers the option of Christian Counselling to clients. You do not need to be a Christian to volunteer at Harbour but are you willing and able to work within the Christian ethos of Harbour | Yes  No |

**Section 4: Your present or most recent employment/voluntary work**

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| --- |
| Name of Organisation: |
| Address of Organisation: |
| Summary of role and responsibilities: |
| Please give reason for leaving if applicable: |

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| Do you work or volunteer for any other Counselling agency not mentioned in your answer above? If the answer is yes, please give us brief details of your involvement. |

**Section 5: Your skills and experience**

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| Please tell us about your skills and experience and what you will bring to the role of Volunteer Counsellor: |
| Why do you want to volunteer for Harbour Counselling Service? |
| Please use this space for any additional information you would like to tell us: |

**Section 6: Availability**

**Harbour Counselling Service currently offers sessions all day on Tuesday and Wednesday and on a Thursday evening. Please let us know which session(s) you are able to volunteer for:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning**  **(9.15am, 10.30am, 11.45am)** | **Afternoon**  **(1.30pm, 2.45pm, 4pm)** | **Evening**  **(5.15pm, 6.30pm. 7.45pm)** |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |

**Section 7: References – Please give the name and contact details of two suitable referees. One of the referees must be from your Counselling Supervisor.**

|  |  |
| --- | --- |
| Name: | Name: |
| Organisation (where applicable): | Organisation (where applicable): |
| Address (including postcode): | Address (including postcode): |
| Telephone No:  E-mail: | Telephone No:  E-mail: |
| In what capacity do you know this person (friend, colleague, etc)? | In what capacity do you know this person (friend, colleague, etc)? |

**Declaration**

|  |  |
| --- | --- |
| By typing my name and the date below, I confirm that the information I have given in this form is accurate. | |
| Signed: | Date: |

**Thank you for completing this application form.** **Please email your completed form to:** [**office@harbourperth.org.uk**](mailto:office@harbourperth.org.uk)

**The information you give us in this form will be treated in the strictest confidence.**