

# Counsellor Member Application Form

Please complete and return to [admin@evolvecounselling.org.uk](mailto:admin@evolvecounselling.org.uk)

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| SECTION 1: PERSONAL DETAILS |
| Name: |

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| Address:  Postcode: | email: |
| Landline Number: | Mobile Number: |

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| Course | Dates:  From - To | Training Provider: |
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| **SECTION 3: SUPERVISED PRACTICE** | |
| How many supervised counselling practice hours do you have? | Pre-qualification:  Post-qualification: |
| How many years post qualification counselling experience do you have? |  |
| Type of counselling work you have engaged in:  (please indicate approximate % for each one) but please note that Evolve currently only works with adults and provides group work. | Individual adults:  Children & young people:  Couples:  Groups: |
| Please indicate the context of the counselling (e.g., private practice, under contract, placement etc. Please indicate approximate % for each.) |  |

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| **SECTION 4:** **CLINICAL SUPERVISION** | |
| Type, frequency and duration |  |
| Your Supervisor’s Name, Address and  Telephone Number: |  |

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| **SECTION 5:** **PERSONAL DEVELOPMENT** | |
| Have you experienced personal therapy? | YES/NO …………….. Hours |
| Dates | From: To:  From: To: |

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| **SECTION 6: YOUR MODEL/APPROACH** | | | |
| Which core model of counselling do you use?:  (eg Psychodynamic, Analytic, Rogerian, Adlerian, Gestalt, Integrative etc) | | | |
|  | Face to face (i.e. in the room)? | Telephone? | Video? |
| Are you offering: | Yes/No | Yes/No | Yes/No |
| If offering face to face, do you have your own or access to a suitable therapy room? | | | Yes/No |

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| **SECTION 7:** **PROFESSIONAL MEMBERSHIP** |
| Which professional bodies do you hold current membership of? (e.g. BACP)? If so which ones, membership category and membership number:  Have there been any complaints against you upheld by your professional body? If so, please provide dates. |

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| **SECTION 8:** **CLINICAL EXPERIENCE** |
| Do you work in specialised areas? If so, please give details.  (e.g., depression, eating disorders, trauma etc) |
| Are you formally trained in specialist areas? If so, please give details.  (e.g., PTSD, working with children, telephone counselling, online counselling) |
| Are there any issues you choose not to work with? If so, please give details. |

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| **SECTION 9:** **WORK STATUS** |
| Are you eligible to work in the UK, and therefore don’t need to obtain a work permit i.e.   * You are a British citizen **or** * You are a European Economic Area (EEA) citizen **or** * You are a Swiss national? YES/NO   If you are a migrant to the UK, we would require your documents;  **or** your date of birth and share code, so that we can check your right to work  using the government online system if you are successful at interview? YES/NO |

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| **SECTION 10:** **INSURANCE** | |
| Who is your Professional Indemnity Insurance with? |  |
| How much cover do you have?  *(Evolve requires a minimum of £2 million)* |  |

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| **SECTION 11**: **GENERAL PROFESSIONAL REQUIREMENTS** | | |
| Do you have a current Safeguarding training certificate for vulnerable people? | | YES/NO |
| Do you have a current Information Governance training certificate? | | YES/NO |
| Do you have a current DBS for working with vulnerable adults? | | YES/NO |
| Are you registered with the DBS Update Service? | | YES/NO |
| Are you registered with the ICO for Data Protection? | | YES/NO |
| **If no, Evolve can support you with these processes, if you are successful at interview.** | | |
| **SECTION 12:** **OTHER EXPERIENCE** | | |
| Are you a clinical supervisor? | YES/NO | |
| If YES, what is your qualification? | Organisation:  Dates: | |
| If YES, please give details of your experience: |  | |

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| **SECTION 13:** **ADDITIONAL INFORMATION** |
| Any further information you feel is relevant to your application: |

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| **SECTION 14:** | |
| Signature: | Date: |
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