



Madeley,
Eglinton Road,
Bray,
Co. Wicklow.

VOLUNTEER APPLICATION FORM

INSTRUCTIONS:

This application form is required to volunteer with Living Life Counselling. Once completed, please return to: amanda@livinglifecounselling.com. Applications will accepted by post to the address above. Please attach a copy of your most recent CV also. Thank You

Contact Information		
First Name:	Last Name:	Date:
Address:		
		Eircode:
Phone:	Email:	
How did you hear about Living Life Counselling?(pls be specific)		
Have you applied before? If yes, what type of role?		
Which centre do you want to work in?	Bray <input type="checkbox"/>	Arklow <input type="checkbox"/>
Volunteer Experience		
Date	Organisation	Role
Do you work with: Individuals <input type="checkbox"/> Couples <input type="checkbox"/> Groups <input type="checkbox"/>		
Children <input type="checkbox"/> Teens <input type="checkbox"/> Families <input type="checkbox"/>		
Availability to volunteer:		
Days:		
Times:		
Are you:		
Student <input type="checkbox"/>	Qualified <input type="checkbox"/>	Accredited <input type="checkbox"/>
Professional Association:	IACP <input type="checkbox"/>	NAPCP <input type="checkbox"/> BACP <input type="checkbox"/>
	IAHIP <input type="checkbox"/>	PSI <input type="checkbox"/> ACI <input type="checkbox"/>

VOLUNTEER COUNSELLOR APPLICATIONS

STUDENT:

Name of Training School:

Name of course being studied:

Current year of study:

Total length of training course:

Readiness Letter received: YES

NO

When will you qualify?

No. of client contact hours to date:

QUALIFIED:

Where did you train?

When did you qualify

Number of client hours since qualifying:

Are you working towards accreditation?

Yes

No

ACCREDITED:

Where did you train?

Accrediting Body:

How long are you accredited?

Specialist training completed:

ALL COUNSELLOR APPLICANTS:

How would you describe your 'model' or way of working with clients?

How many hours of personal therapy have you undertaken?

Are you currently in personal therapy?

NAME OF CURRENT SUPERVISOR:

Phone:

INSURANCE DETAILS:

Name of your current professional liability insurance provider:

Renewal Date:

Level of cover:

DECLARATION:

I understand that this is an application expressing my interest in volunteering with Living Life Counselling.

I understand that in order to volunteer with Living Life Counselling I will be required to undertake Garda Vetting for the role.

I understand that if successful I will be asked to provide 2 referees.

Signature:

Date: