

# Phoenix Counselling Service

## Application for training placement

You will find useful our General Introduction to Counselling with Phoenix brochure; a copy of our Trainee Agreement; this Application form for a training placement with us; an example of our Contract for Counselling; a copy of our Trainee Protocol. To proceed, please fill out this application form and return it, together with the relevant paperwork to:-The Administrator, 591 Heathway, Dagenham, RM9 5AZ

Name ..... Date .....

Address .....

.....

Telephone contact .....

E-mail .....

Mobile telephone .....

Have you read our Contract for Trainees? Y / N

Enclosed completed application? Y / N

CV enclosed? Y / N

Name of referee (to verify college place).....

Address .....

.....

Name of referee (character reference) .....

Address.....

.....

Administration fee of £10 enclosed ( to process application, cheques payable to Phoenix Counselling Service )

Successful applicants will be invited to an assessment with our referral co-ordinator to determine suitability for a placement with this agency. The fee for this is set at our standard reduced rate for assessment of £15, payable on acceptance of our offer of the assessment . After the assessment you will receive a written recommendation regarding a training placement with our organisation

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Do you presently hold professional indemnity insurance? Y / N

Are you in personal therapy? Y / N

Confirmation of therapy provided Y / N

How much previous therapy have you received .....

For this placement you are required to attend weekly supervision on a Monday evening, in Dagenham, for which there is a monthly fee of £45.

Are you able to make this commitment? Y / N

What are your arrangements for transport?.....

Trainees will be working at centres across Waltham Forest, Ilford, Barking & Dagenham

Clients are seen am, pm, evgs on weekdays and am on Saturdays

What is your availability re time?.....

Present Work / Personal Commitments (describe).....

.....

Other Placement? Y / N detail.....

Reports required by college ( describe ) .....

Name of College  
.....

Name of Course  
.....

College Course starts ..... ends .....

Have you read our Confidentiality / Health & Safety / Complaints policy and are you familiar with the BACP Ethical Framework for Good Practice in Counselling & Psychotherapy? Y / N

Why have you chosen the college and course?

.....  
.....  
.....

A) Modules  
complete.....

B) Modules to do  
.....

C) Client contact hours  
required.....

D ) Client contact hours  
completed.....

Enclosed details of college course / requirements of place-  
ment? Y / N

How do you intend to use your qualification once it is  
completed

.....  
.....  
.....

Please return these forms to The Administrator  
591 Heathway, Dagenham, RM9 5AZ