

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.....

.....

Is the administration fee of £10 enclosed Y / N (to process application, cheques payable to "Phoenix Counselling Service")

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

Phoenix Counselling Service

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 usually at our centre in Dagenham.

Clients are seen am, pm, evgs on weekdays

What is your availability regarding

time?.....

.....

Do you have another 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 placement? Y / N

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

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

Do you have any medical conditions that relate to this work or require ongoing treatment? Y / N

Details if yes _____

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