**Student Placement Volunteer Application Form**

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Address |  | | |
| Postcode |  | Contact Number |  |
| Email |  | National Insurance Number |  |

**Background**

|  |  |  |
| --- | --- | --- |
| Training Provider | |  |
| Year | |  |
| Practical Therapeutic Experience | Face-to-face |  |
| Telephone |  |
| Group |  |
| Personal Therapy |  |

|  |
| --- |
| Please describe the theoretical base of your training so far |
|  |
| Please describe your understanding of the role of a counsellor/therapist and what particular skills you have to carry out this role |
|  |
| Please tell us about why you would like to have a student placement at Cambridge Acorn Project |
|  |
| Please tell us about your personal values and how you feel these relate to the work of Cambridge Acorn Project |
|  |

**Education, Training and Relevant Experience (Post-16)**

Please list as fully as possible your Post-16 Education, work history and all counselling/therapeutic training and qualifications.

|  |  |  |  |
| --- | --- | --- | --- |
| Education/Training/Qualifications (please add more rows if you need to record more information) | | | |
| College/University | Study Dates | Subject | Qualification Obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Work | | | |
| Role | Organisation | Dates | Relevance to Role |
|  |  |  |  |
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**References**

Please give the names and addresses of your two referees, one of whom must be your course leader (or equivalent) at your training provider. The other reference should be your most recent employer or someone who can comment on your suitability to work with children, young people and adults at risk. Please clearly outline who your references are.

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1 | | Referee 2 | |
| Name |  | Name |  |
| Job Title |  | Job Title |  |
| Organisation |  | Organisation |  |
| Address |  | Address |  |
| Contact Number |  | Contact Number |  |
| Email |  | Email |  |
| How is this person known to you? |  | How is this person known to you? |  |
| Do you wish to be consulted before this referee is approached? | |  |  | | --- | --- | | Yes |  | | No |  | | Do you wish to be consulted before this referee is approached? | |  |  | | --- | --- | | Yes |  | | No |  | |

All our current posts involved working directly with children and/or vulnerable adults (as well as the processing of sensitive information connected to this under the Data Protection Act 1998). If you are disqualified from working with children or vulnerable adults, we are unable to consider you for any posts that involve working with these groups and it is a criminal offence to apply. These questions must be answered.

**Criminal Convictions**

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of an (unspent) criminal offence? | Yes |  |
| No |  |
| If yes, please provide further information in the box below | | |
|  | | |

**Regulatory body sanctions**

|  |  |  |
| --- | --- | --- |
| Are you subject to any sanctions imposed by a regulatory body (e.g. HCPC, Ofsted, BACP)? | Yes |  |
| No |  |
| If yes, please provide further information in the box below | | |
|  | | |

**Disqualification from working with children or vulnerable adults**

|  |  |  |
| --- | --- | --- |
| Has there ever been any cause for concern regarding your conduct with children, young people or vulnerable adults? | Yes |  |
| No |  |
| If yes, please provide further information in the box below | | |
|  | | |
| Are you disqualified from working with children or vulnerable adults? | Yes |  |
| No |  |
| If yes, please provide further information in the box below | | |
|  | | |

**Enhanced Disclosure:**

|  |  |  |
| --- | --- | --- |
| Are you aware of any police or social services enquiries undertaken following allegations made against you that have a bearing on your suitability for the post? | Yes |  |
| No |  |
| If yes, please provide further information in the box below | | |
|  | | |

**Declaration**

Please read the declaration and sign below to complete this application form. Please note we cannot consider unsigned application forms.

* I agree that Cambridge Acorn Project can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 2018 and UK-GDPR 2020.
* I confirm that all the information given by me on this application form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any appointment may be withdrawn or terminated.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |