Grief Counselling (Suicide Bereavement) Honorary Therapist

Application Form

The information given on this form will be kept confidential

**Please complete this form in block capitals. Please feel free to continue on additional sheets, if necessary, and if you wish you may also attach a C.V.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Role Applied for:** | **Grief Counselling (Suicide Bereavement) Honorary Therapist** |
| **Department:** | **Grief in Pieces** |
| **Address:** |  |
| **Postcode** |  |
| **Telephone number:** |  |
| **Email address** |  |

**Please say why you wish to become a volunteer for Mind CHWF?**

**What do you understand by the term ‘mental health difficulties’?**

**Counselling Experience and Skills:** Please include something about your training course and desired award (eg. Diploma, MA, PhD), and ensure you touch on which year you are completing.

Please also detail your clinical experience / past honorary placements, and why you are interested in our placement.

Please comment briefly on each of the following criteria:

-Awareness of complicated grief and trauma

 -Awareness of transcultural issues in counselling

 -Awareness of LGBTQI+ and what Intersectionality means to you and your practice

 -Your ability to work in a time limited way

 -Why you are training and your future aspirations

 - Please also comment on your ability to work remotely and in-person (the Mind premises is based in Hackney) and your willingness to commit to 12 months placement.

**Employment, education, qualifications & training**

Please list below details of previous employment/voluntary work, starting with the most recent first, please feel free to attach your CV if you would prefer:

|  |
| --- |
|  |

**The success of many services relies on staff and volunteers’ reliability and commitment.**

**Please detail the commitment you would be able to make.**

**Please tick the appropriate box (es) of the week you are available. The blue boxes below signify that the office is closed and so no face to face appointments are delivered during these times.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DAY | MON | TUE | WED | THURS | FRI |
| AFTERNOON |  |  |  |  |  |
| EVENING |  |  |  |  |  |

**Please note that supervision groups are Tuesdays and Thursdays.**

**How did you hear about this opportunity?**

Your training institution:

Word of mouth:

Referred by someone you know:

Emailed our team for opportunities:

Other:

**Please provide details of two people, who are willing to act as referees, one should have known you for at least two years. One of the references should be from your training institution, for example your current tutor.**

1. Name:

Position:

In what capacity do you know this person?

Address:

Telephone:

Email:

2. Name:

Position:

In what capacity do you know this person?

Address:

Telephone:

Email:

DBS disclosure

Applications from ex-offenders are welcomed and will be considered on their merit. Convictions that are irrelevant to this volunteering position will not be taken into consideration, but you are required to disclose any convictions, which are not by virtue of the Rehabilitation of Offenders’ Act 1974.

**Have you been convicted of any criminal offence?**

**If you are successful at interview and you are offered a volunteering post, an Enhanced DBS check will be carried out.**

**……………………………………………………………………………………………………………………….**

Data Protection:

Mind CHWF operates within the boundaries of the General Data Protection Regulations 2018 and takes account of any emerging legislation. We will hold your personal information for administration and support purposes. The information will be treated as strictly confidential and will not be disclosed to any unauthorised person or used for any other purpose. Please sign the statement below to show your acceptance and understanding of the above. For further information about how we treat your personal information, please read our Privacy statement which is available on our website [www.mindchwf.org.uk](http://www.mindchwf.org.uk)

Signature: Date:

**Please provide details of two people, who are willing to act as referees, one should have known you for at least two years. One of the references should be from a previous employer, either paid/voluntary or from College/University.**

1.

Name:

Position:

In what capacity do you know this person:

Address:

Telephone:

Email:

2.

Name:

Position:

In what capacity do you know this person?

Address

Telephone:

Email:

Criminal Convictions

Applications from ex-offenders are welcomed and will be considered on their merit. Convictions that are irrelevant to this volunteering position will not be taken into consideration, but you are required to disclose any convictions, which are not by virtue of the Rehabilitation of Offenders’ Act 1974.

**We require all volunteers to have a Disclosure and Barring Check done by the Disclosure and Barring Service (DBS).**

Please refer to the volunteer role profile for confirmation on the level of DBS check required for the role. Below explains the different level of DBS checks:

* **Standard DBS** check

This requires you to disclose convictions which are not “spent” yet under the Rehabilitation of Offenders Act 1974.

* **Enhanced DBS** check without barring list check

This requires you to disclose all convictions regardless of whether they are “spent” or “unspent” under the Rehabilitation of Offenders Act 1974.

* **Enhanced DBS** check with barring list check

This requires you to disclose all convictions regardless of whether they are “spent” or “unspent” under the Rehabilitation of Offenders Act 1974. If you are recorded on the barring list, you cannot apply for any job that has this level of DBS check.

Under the Rehabilitation of Offenders Act 1974 some convictions become spent or forgotten after a rehabilitation period.

We will consider convictions based on whether the offence relates to the nature of the job.

**ACTION REQUIRED:**

* **Before Interview**
  + If you know that a DBS check will confirm convictions / barring on your record, please attach a written statement with your application to give us this information.
  + The manager making the appointment will consider it in confidence and decide if it has any bearing on the appointment.
  + The manager will decide whether to invite you for interview.
* **After interview and after receiving the DBS check**

We may decide it is appropriate to appoint an applicant who has a criminal record / barring following a risk assessment. The written risk assessment takes into consideration the nature, severity, frequency and timing of the convictions, and the nature and requirements of the work.

**Have you been convicted of any criminal offence?**

Data Protection:

Your privacy and the security of your data is our top priority. Please take a moment to read through our applicant’s privacy notice.

Declaration

I declare that the information provided on this form, and on any accompanying documents, is true to the best of my knowledge and belief. I understand that false information may lead to the termination or withdrawal of a volunteer agreement.

I agree that the content of this form and of any accompanying documents may be treated as part of any volunteer agreement between myself and Mind CHWF.

I understand that my application form and monitoring form will form part of my personal file and will be treated in accordance with the requirements of the Data Protection Act.

Signed.................................………………...……………

Date:................................................….....…………………

Please make sure that the application form is fully completed.