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| Volunteer Application Form: **Placement/Volunteer Counsellor** |

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| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

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| Section 1 Personal details |

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| Last Name: |  | **First Name:** |  |

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| Address: |  |
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| --- | --- |
| Postcode: |  |

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| **Day time contact phone No:** |  |

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| --- | --- |
| **E-mail address:** |  |

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| **How did you hear about us?** |  |

**Before proceeding you are advised to read the document ‘DHI Counselling Service information for prospective placement’ to check if DHI will be a good fit for yourself and your training provider requirements. Clinical supervision takes place twice per month individually via Zoom or phone on either Tuesdays, Wednesdays and Thursdays so please ensure you have availability to attend.**

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| Section 2 Training Details |
| **Please complete the following by ticking applicable boxes:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | At what stage is your counselling training? | Currently training |  | Completed training |  |  |  |  | | --- | --- | | Name of training provider |  | | Name of course |  |  |  |  | | --- | --- | |  |  | |

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| **Level of qualification currently studying or achieved** |  |  | **Who is training accredited by?** |  |  | **Training course approach** |  |
| Level 4 cert./diploma |  |  | BACP |  |  | Person-centred |  |
| Level 5 cert./diploma  Found. degree / BA / BSc |  |  | UKCP  CPCAB |  |  | CBT |  |
| Postgrad cert. / diploma |  |  | BPS |  |  | Psychodynamic |  |
| MSc/MA |  |  | HCPC |  |  | Other (please state) |  |
| Doctorate |  |  | Other |  |  |  |  |
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| **Other approach** |  |

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| **Does your training include** |  |  | **Are you training/trained to deliver** |  |  | **Are you interested in working with** |  |
| Brief solution focussed therapy |  |  | Short term counselling (12 sessions or less) |  |  | Substance misusers |  |
| Motivational interviewing |  |  | Longer- term counselling |  |  | Family and friends affected by substance misusers |  |
| Relapse prevention |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**How many placement hours do you need to achieve?**

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| **Section 3 About you** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Have you ever been a DHI client/service user? | Yes |  | No |  |   If yes, please advise which service you used and the year that you left the service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please state briefly why you are interested in becoming a volunteer at DHI |
|  |
| What can you bring to the organization? Please tell us about any relevant voluntary/paid work, qualifications, hobbies, interests and skills. If you are applying for a specific role, please tell us how you fit any criteria in the role advert: |
|  |
| Continue on a separate sheet if necessary |
| Section 4 Locations and Availability | | |

**Where would you be willing to volunteer?**

Please note that DHI is only able to reimburse travel expenses within your local area

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bath |  |  | Bristol |  |
| Midsomer Norton |  |  | Warmley (South Gloucestershire) |  |
| Yate (South Gloucestershire) |  |  | Patchway (South Gloucestershire) |  |

**At what times are you available for volunteering?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TIME** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Morning** |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |

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| **Section 5 Rehabilitation of Offenders Act (1974)** |

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| Roles are usually offered subject to a satisfactory enhanced Disclosure and Barring Service (DBS) check.  Information given will be completely confidential. |

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| If you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013, please give the details below. |
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| **Section 6 Protecting Children and Vulnerable Adults** | | | | | |
| **Enhanced Checks**  Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this role? | Yes |  | No |  |

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| **Section 7 Covid Vaccination Status** | | | | | |
| For some roles (such as those that operate in GP surgeries) DHI is obliged to follow NHS policies and guidelines. Responding to this question is optional, though for those roles where vaccination is mandatory DHI would not be able to offer you the role without this information.  Answering yes means that you have received both vaccinations and a booster. | Yes |  | No |  |
| **Section 8 Other information** | | | | | |

Is there anything else that you think we need to know that might affect your ability to volunteer with us? No

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| **Section 9 References** |

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| Please give the names and details of two referees. These should not include family members.  Please be aware that any offer of a volunteer role is made on the basis of receipt of two satisfactory references. |

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| **Reference 1** |

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| Name: |  |

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| --- | --- |
| Position (Job title): |  |

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| --- | --- |
| Relation to you: |  |

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| --- | --- |
| Organisation: |  |

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| Address: |  | |
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|  | Postcode |  |

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| --- | --- |
| Telephone No: |  |

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| E-mail: |  |

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| **Reference 2** |

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| --- | --- |
| Name: |  |

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| --- | --- |
| Position (Job title): |  |

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| Relation to you: |  |

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| --- | --- |
| Organisation: |  |

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| Address: |  | |
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| Telephone No: |  |

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| E-mail: |  |

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| |  | | --- | | **Section 9 Declaration** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | A. Relatives/Other Interests | | | | | | Are you related to or do you have a close personal relationship with a board member or employee(s) of DHI? | Yes |  | No |  |  |  |  | | --- | --- | | If yes, specify name(s), position(s)  and relationship(s) |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | If appointed, do you have any interests or hold any appointments that may conflict with volunteering in the role for which you have applied?  If yes, please detail on a separate sheet. | Yes |  | No |  |  |  | | --- | | B. Statement to be Signed by the Applicant  The Company is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.  Please complete the following declaration and sign it in the appropriate place below. I acknowledge that Developing Health & Independence is under a duty to protect the Service Users it supports and to this end I agree it may use information provided on this form for the prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes. **I hereby certify that:**   * **all the information given by me on this form is correct to the best of my knowledge** * **all questions relating to me have been accurately and fully answered** * **I possess all the qualifications which I claim to hold** |  |  |  |  |  | | --- | --- | --- | --- | | Signed: |  | **Date:** |  | |  |  |  | | --- | | Developing Health & Independence undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. |  |  |  | | --- | --- | | R E T U R N I N G T H I S F O R M | | | **By email:**  [volunteers@dhi-online.org.uk](mailto:volunteers@dhi-online.org.uk) | **By Hand or Post:**  HR Administrator (Volunteers)  Developing Health & Independence  14 St James Parade, Bath  BA1 1UL | |

**We would be grateful if you would also complete the attached equality and diversity form.**

Promoting Equality, Diversity and Inclusion

Equality, diversity and inclusion is a core belief of Developing Health & Independence (DHI). All staff who work for DHI have a strong commitment to treating everyone fairly, challenging inequalities and promoting and advancing opportunities for all by ensuring that equality of opportunity is integral to our policies and working practices. We aim to create conditions where every individual is treated with respect and dignity, where everyone has the right to equal and fair treatment and can engage and contribute.

DHI aims to ensure that no job applicant, staff member, volunteer or organisation or individual to whom we provide services, will be discriminated against on any grounds including:

Age, Disability, Gender Re-assignment, Marriage and Civil Partnership Status, Pregnancy or Maternity, Race, Religion or Belief, Sex or Sexual Orientation, or Political Belief, Class, Caring Responsibility, Employment Status, Trade Union Membership or Unrelated Criminal Conviction.

In order to monitor how effective our equality and diversity policies are being implemented we ask all those applying for roles to complete an equality and diversity questionnaire.

Information collected is used by HR only for general reporting and has no impact on recruitment decisions.

**We would be grateful if you would complete the following in complete confidence:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sex** |  |  | **Sexual orientation** |  |  | **Gender** |  |
| Male |  |  | Bi-sexual |  |  | Male |  |
| Female |  |  | Gay/Lesbian |  |  | Male to Female |  |
| Prefer not to say |  |  | Heterosexual |  |  | Female |  |
|  |  |  | Prefer not to say |  |  | Female to Male |  |
|  |  |  |  |  |  | Prefer not to say |  |

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| **Marital status** |  |  |  | **Age** | |  | |  | |  | |  | |
| Single |  |  |  | 16-24 | |  | |  | | 45-49 | |  | |
| Married |  |  |  | 25-29 | |  | |  | | 50-54 | |  | |
| Separated |  |  |  | 30-34 | |  | |  | | 55-59 | |  | |
| Divorced |  |  |  | 35-39 | |  | |  | | 60+ | |  | |
| Widowed |  |  |  | 40-44 | |  | |  | | Prefer not to say | |  | |
| Civil Partnership |  |  |  |  | |  | |  | |  | |  | |
| Prefer not to say |  |  |  | |  | |  | |  | |  | |  |

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| Et  **Ethnicity** |  |  |  |
| Asian: Bangladeshi |  | White: Gypsy or Irish Traveller |  |
| Asian: Chinese |  | White: Irish |  |
| Asian: Indian |  | Other White: Other |  |
| Asian: Pakistani |  | Multiple Ethnicity: White/Asian |  |
| Asian: Other |  | Multiple Ethnicity: White/Black |  |
| Black/African/Caribbean: African |  | Multiple Ethnicity: White/Black Caribbean |  |
| Black/African/Caribbean: Caribbean |  | Multiple Ethnicity: Other |  |
| Black/African/Caribbean: Other |  | Other Ethnic Group |  |
| White: British |  | Prefer not to say |  |

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| **Religious Belief** | | | |  |
| Buddhist |  |  | Sikh |  |
| Hindu |  |  | Other not listed |  |
| Jewish |  |  | None |  |
| Muslim |  |  | Prefer not to say |  |
| Christian (all denominations) |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Are you pregnant or do you have a child under 6 months old?** | |  | **Do you consider yourself disabled?** | |
| Yes |  |  | Yes |  |
| No |  |  | No |  |
| Not applicable |  |  | Prefer not to say |  |
| Prefer not to say |  |  |  |  |

###### **Thank you for completing this form. Please now return your application to**

###### **volunteers@dhi-online.org.uk**