****

**Trainee Counsellor Placement Application form**

***This form is for type written answers. If you wish to handwrite your application, please contact us for a version for written applications.***

***Please do not complete this form without first having read “Introduction to trainee counsellor placements” Also available on the website.***

***Please Complete All Sections.***



***When you have completed the form please either***

**Email it to:** [**pgcsexeter@gmail.com**](mailto:%22mailto:pgcsexeter@gmail.com%22)

**Or send it to PGCS, 3 Palace Gate, Exeter, EX1 1JA**

**A. Personal details**

Name

Address



Post code

Tel number Mobile 



Date of Birth



Current occupation



Email

**B. Counselling** **Training**

Where are you / did you do your main counselling training.



**(*Please ensure that your training provider is happy for you to apply to us at this time, BEFORE submitting this form.)***



Training Start Date: End Date:

1 How was / is the course arranged?

*(eg 1 day per week for no. weeks a year for no. years)*





2 What was / will be the total number of contact hours on the course?

3 What therapeutic models were / are you training in?

|  |  |  |  |
| --- | --- | --- | --- |
| Model |  | % |  |
| Model |  | % |  |
| Model |  | % |  |
| Model |  | % |  |
| Model |  | % |  |



4 Is the course BACP accredited?

5 Please give any other information about the course that you consider relevant

*(e.g. details of how the practical work is organised, names of trainers etc)*



**C. Therapeutic approach**

PGCS is committed to the ‘Person-Centred approach’ in therapy. We recognise that many trainee counsellors come from courses which are not pure Person-Centred (e.g. integrative) but it is still essential that you have a thorough appreciation of what being a ‘Person-Centred therapist’ means. The following questions give you an opportunity to demonstrate your understanding.

Consider the statement:

***‘Person-*Centredness *is, among other things, about 'being' rather than 'doing'’*.**

1. What does that mean to you in terms of your work with clients and do you consider 'being' to be sufficient?
2. If you feel comfortable with the statement, how do your see yourself 'being' with clients?
3. Is 'being with' your clients really enough for *all* of them?

It is up to you how you tackle the above questions; you may decide to answer each in turn or produce a composite answer or develop a fuller answer to one only. You should not take more than ¾ side of A4 (typed) or the equivalent hand-written (two sides) to answer all of the questions.



**D. Counselling Experience:**

Please indicate you main counselling experience to date, paid or voluntary.

*(Note that as you type into the table the row space will increase if necessary. To add an extra row(s) at the end click into the last box and press Tab button on your keyboard)*

|  |  |  |  |
| --- | --- | --- | --- |
| Start date | End date | Hours per week | Description of work |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

On average how many hours of one-to-one counselling are you doing at present per week?

Approximately how many hours of one-to-one counselling have you done in total?

In addition to person centred therapy what other therapeutic approach(es) are you most attracted to? *e.g. CBT, NLP, TA, psychodynamic etc*.



Do you currently have a counselling placement? 

If so please give details:

*(NB PGCS will not usually offer a placement to someone who already has a placement (unless the type of client work is very different to that encountered at PG e.g. a placement working with young people is likely to be acceptable but another adult generic placement is unlikely to be).*



**E. Your general work history**

Please tell us about your current and previous employment experience. This may be work you have done that is paid or unpaid, of any type (not just counselling experience). Note that this section is ***not***optional.

*(Note that as you type into the table the row space will increase if necessary. To add an extra row(s) at the end click into the last box and press Tab button on your keyboard)*

|  |  |  |  |
| --- | --- | --- | --- |
| Start date | End date | Organisation | Description of work |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*(This space is blank to allow the table above to expand).* **F. Please describe why you wish to join the Palace Gate Counselling Service and what you feel you could contribute.**



**G. Please complete the table below to let us know when you would be available for to counselling if appointed. Please put a letter in each box denoting:**

**A = first preference, B = possible, and X = not available.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **9am to 1pm** | **1pm to 5pm** | **5pm to 9pm** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  | |

**H. How did you hear about Palace Gate Counselling Service?**



**I. Now looking back over the form, is there anything missing which you would like us to know about you as a person? Is there any other information that we should take into account?**



**J. References**

Please give the names and addresses of two referees who can comment on your suitability for the post. One should be a character reference and the other should be able to comment on your counselling practise (e.g. Supervisor, Trainer etc).

|  |  |  |  |
| --- | --- | --- | --- |
| **Character Reference** | | **Professional Reference** | |
| Name |  | Name |  |
| Address |  | Address |  |
|  |  |  |  |
|  |  |  |  |
| Town / City |  | Town / City |  |
| Post Code |  | Post Code |  |
| Telephone Number |  | Telephone Number |  |

**Signature: Date:**