



Volunteer Counsellor • Application Form

Power To Live Foundation
info@powertolive.uk
www.powertolive.uk

General Info

Title

First Name

Last name

Address (Please include the name of your local borough/county)

Mobile phone number

Landline phone number

Email address

How many days in the week are you available to volunteer? (We usually ask for a minimum of one day with at least three clients)	
Which days of the week are you available (Monday-Saturday):	
How long could you commit yourself to a placement? (Minimum of one year)	

Immigration, Asylum and National Act 2006

Do you require a work permit or any other kind of document to show that you have necessary permission to work/volunteer in the UK?

Yes No

If yes, please supply your visa number:	
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If you are currently accessing services for drug and / or alcohol treatment, mental health or ex-offenders, please give details:

Please tell us your reasons for wanting to undertake a counselling placement at Power To Live:

Please tell us what you would bring to the organisation in terms of skills and experience relevant to the placement.
As part of this, if you are not sending us in a CV can you please detail your prior work experience, and any relevant training/education.



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Please share briefly your therapeutic approach and tools you use in counselling.

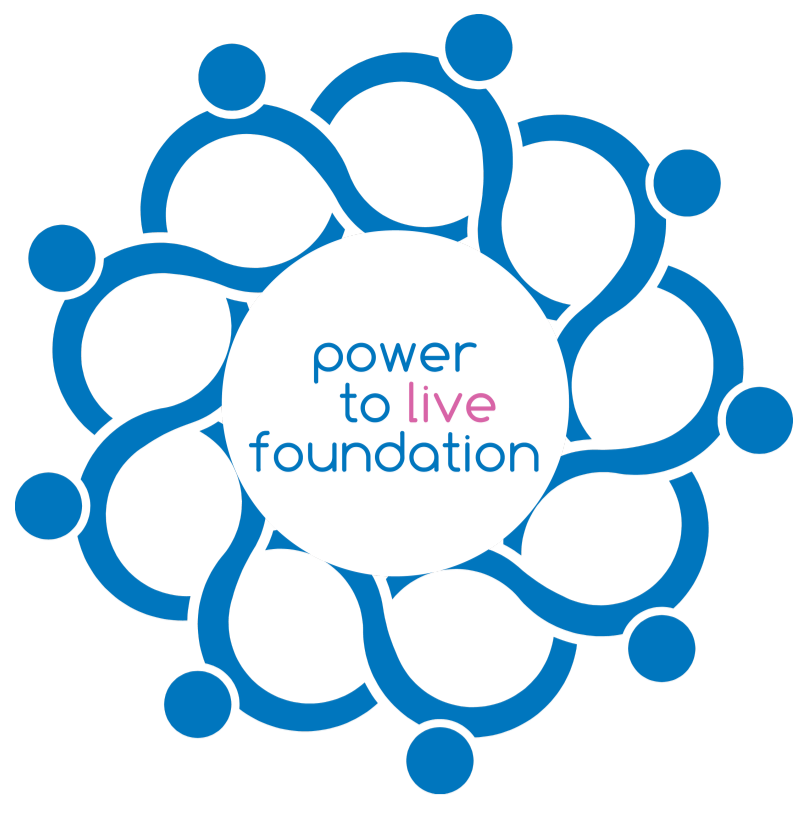
How many counselling session hours have you already conducted?

Are you a member of recognised counselling body such as BACP UKCP and BABCP?

Yes

No

Have you had the experience of receiving therapy/counselling? If so, how many sessions/how long for?



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References

Please name two referees for whom a reference may be obtained. Where possible this should be a professional person such as an ex-employer, key-worker, college tutor, supervisor, etc; they should have known you for six months or more

Reference #1

Name

Position

Relationship to you

Organisation (please include address)

Phone number

Email address

(Please ensure you provide an email address for your referee as we will be requesting references via email)

Reference #2

Name

Position

Relationship to you

Organisation (please include address)

Phone number

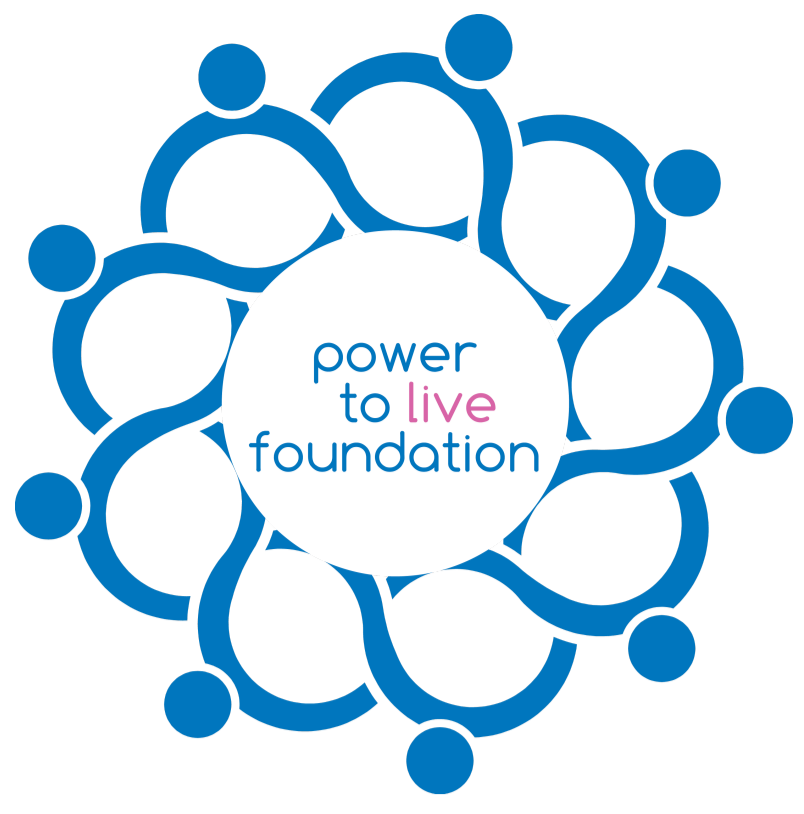
Email address

(Please ensure you provide an email address for your referee as we will be requesting references via email)

Can we contact them at this stage?

Yes

No



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Declaration of convicts

As many clients at Power To Live are vulnerable adults we are exempt from the Rehabilitation of Offenders Act 1974. All convictions, whether spent or unspent, must be declared.

Have you ever been convicted of a criminal offence, received a formal caution, been bound over or received a conditional discharge?

Yes No

If yes, please give full details, continue on a separate sheet if necessary

Would you be willing to undergo a Disclosure and Barring Service (DBS) check?

Yes No

Please note that you will not be asked to work alone with service-users, unsupervised, until DBS checks have been returned. DBS forms are returned directly to the applicant – you must bring your DBS form to Volunteer Services when you have received it, for copying

Declaration

To my knowledge the information above is correct. I understand that if I am appointed and this information is found to be inaccurate this may affect my continued employment with Power To Live.

Date

Signature