**Trainee Placement**

**Application Form**

**Contact Details:**

First Name: Surname: Title:

Address: Postcode:

Telephone number: Email address:

**Current Training:**

Training provider: Year:

Qualification and Level:

**Please tell us about any other placements you may have:**

**Other relevant experience, training or knowledge:**

**What times are you available for a three-hour slot, Mondays to Fridays between 9:00am – 8:30pm, and Saturdays between 9:00am – 3:00pm?**

**Requirements for Placement (please tick to confirm in place / agree to):**

Current Enhanced DBS

Safeguarding training within the last three years

Professional liability insurance (minimum £5,000,000)

Membership of a counselling governing body

Please indicate name of organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fortnightly supervision with Centre supervisor (£48/session)

Accessing weekly personal therapy

**Tell us about yourself and what has drawn you to counselling training.**

**In what way have you personally experienced a deep therapeutic journey, and what have you learned about yourself through it?**

**In what way do you work holistically in the therapeutic setting?**

**What are your strengths and weaknesses as a therapist?**

**Do you have any physical or learning needs for access with which we can support you? Please specify.**

**How many client hours have you done to date?**

**Counselling Service Contact Details:**

Counselling Service Manager: Vicky Betts, [vickybetts@sadiecentre.org](mailto:vickybetts@sadiecentre.org), 01462 558491

Placement Coordinator: Rachel Shephard, [rachelshephard@sadiecentre.org](mailto:rachelshephard@sadiecentre.org)