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**Strictly confidential**

**Children and Young People’s (CYP)**

**Therapy Placement Application Form**

Please complete and return to: therapy@gaddum.org.uk

Please ensure you have read the role description and person specification before completing this application form. All information will be stored securely by Gaddum in line with GDPR requirements.

**Contact details**

|  |  |
| --- | --- |
| First Name: | Contact Number: |
| Last Name: | Email: |
| Preferred Name: | Preferred Pronouns: (he/she/they) |
| Address: | **In an emergency who would you like us to contact?** |
| Name: |
| Postcode: | Relationship: |
| Date of Birth: | Contact Number: |

**Please confirm how you meet our placement criteria:**

I am studying Level 7 postgraduate CBT course with a recognised University [ ]

I am studying Level 4 or 5 person centred counsellor diploma [ ]

I am studying another undergraduate level counselling course which requires a practical element and is delivered by a recognised University [ ]

I have valid clinical supervision in place [ ]

I can provide a fitness to practice letter [ ]

I have valid student membership with a professional body [ ]  (please specify which)

|  |
| --- |
|  |

**Are you able to complete your counselling hours remotely?**

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|  |

**We’d love to know a bit about you**

|  |  |
| --- | --- |
| **University name or course provider:** |  |
| **Preferred modality or theoretical orientation:** |  |
| **Do you have a deadline of when you need to start / finish your placement?** |  |
| **How many hours per week are you able to volunteer?** |  |
| **When are you available?** | Monday AM [ ]  Monday PM [ ] Tuesday AM [ ]  Tuesday PM [ ] Wednesday AM [ ]  Wednesday PM [ ] Thursday AM [ ]  Thursday PM [ ] Friday AM[ ]  Friday PM [ ]  |

**Please tell us about any relevant skills, interests or experience.**

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|  |

**How did you hear about us?**

|  |  |
| --- | --- |
| Word of mouth [ ]  | Social media [ ]  |
| University or course provider [ ]  | Other (please specify): |
| Google search [ ]  |

**References**

Please provide the names and contact details of 2 references who we can contact regarding your suitability for volunteering. One should be someone who had known you in a professional capacity. For example, an academic tutor, colleague or line manager or other volunteering organisation. Your second reference should not be related and have known you for more than 2 years.

|  |  |  |
| --- | --- | --- |
|  | Reference 1 | Reference 2 |
| Name: |  |  |
| Relationship to you: |  |  |
| Email: |  |  |
| Number: |  |  |

**Please confirm you are happy for Gaddum to contact you via email and phone**

I am happy for you to contact me by phone [ ]

I am happy for you to contact me by email [ ]

**Thank you for your interest in undertaking a placement with Gaddum!**