



# APPLICATION FORM

## VOLUNTARY SUPERVISOR

*Please attach a  
Passport sized  
photograph of  
yourself*

Please complete in full either typed or in black ink. A Curriculum Vitae may be enclosed in addition to the completed Application Form.

PERSONAL DETAILS			
<b>Surname:</b>	<b>First Name(s):</b>	<b>Title:</b>	
<b>Previous Name:</b>	<b>Date of Birth:</b>		
<b>Address:</b>			
<b>E-Mail Address:</b>			
<b>Telephone Number</b>	Home:	Work:	
	Mobile:	May we contact you at work?	YES / NO

PROFESSIONAL COUNSELLING QUALIFICATIONS			
Qualifications	Where Obtained	Awarding Body	Date
<b>Therapeutic Core Model trained in:</b>			
PROFESSIONAL SUPERVISOR QUALIFICATION			
<i>(If you are still in supervision training please give course details and ending dates)</i>			
Qualifications	Where Obtained	Awarding Body	Date

PREVIOUS COUNSELLING / SUPERVISION EXPERIENCE				
Dates		Name of Organisation	Type of Counselling	Number of Hours worked
From	To			

**ADDITIONAL TRAINING UNDERTAKEN**

(Relevant to Counselling &amp; Supervision)

Organising Body	Course Title	Duration	Date

Membership of Professional Organisation (i.e. ACC, BACP, UKCP or other)

Accreditation (Counsellor / Supervisor) – Name of Accrediting Organisation and Level

**EDUCATION**

Dates		School / College / University	Subject	Level	Grade
From	To				

**PRESENT EMPLOYMENT**

Employer's Name:	Type of Business:
Address:	Post:
	Date Commenced:

**PREVIOUS EMPLOYMENT**

(Over the past 10 years starting with the most recent)

Dates		Name, Address and Business of Employer	Post Held and Main Responsibilities
From	To		

**ADDITIONAL INFORMATION**

Please explain why you are applying to be a Supervisor with Listening Post and how your previous experience and personal qualities are relevant to the main duties and responsibilities of the position.

Listening Post was developed through the vision of a group of Christians from different churches and has a Christian ethos. How do you think that you and your model of Counselling will integrate into this ethos?

## REFERENCES

Please give the names of three referees, who have agreed to give references and have a knowledge of your work and character. One referee must be a person holding a responsible position with your present or latest employer or Counselling Service. Another must be your current or most recent Supervisor. The third could be from the Minister or Leader of your Church.

<b>First Referee</b>	Position Held	Capacity which known
Full Name		
Full Address		
E-Mail Address		
Telephone Number		

<b>Second Referee</b>	Position Held	Capacity which known
Full Name		
Full Address		
E-Mail Address		
Telephone Number		

<b>Third Referee</b>	Position Held	Capacity which known
Full Name		
Full Address		
E-Mail Address		
Telephone Number		

## CONVICTIONS

Have you ever received a court conviction?    YES/ NO  
*(If Yes you are asked to submit details separately)*

## DECLARATION

I declare that the information I have given is true to the best of my knowledge.

Signed:

Date:

*Please return to: Listening Post, Admiralty House, 11A Spa Road, Gloucester, GL1 1UY*