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| Applying for: | **Network Associate, self-employed counsellor OR psychotherapist (please delete as appropriate)** | **Application Ref No.:** |  |

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| Application Form **Avon Counselling and Psychotherapy Service Network Associates** |

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| **Section 1 Personal details** |

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| Title: |  | Last Name: |  |
| **First Names:** | |  | |

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| Address: |  |
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| --- | --- |
| Postcode: |  |
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| **Daytime Telephone Number:** | |  |
| **Evening Telephone Number:** | |  |
| **Mobile Telephone Number:** | |  |

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| --- | --- |
| **E-mail address:** |  |

|  |  |
| --- | --- |
| **Date of birth:** |  |

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| **Section 2 Education, Skills & Interests** |

**Please list any educational and / or professional qualifications: (Use additional page if needed)**

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| Section 3 Record of Work in psychotherapy or counselling |

**Please include your current / previous employment.**

**List chronologically, starting with current or last employer/work. (Use additional page if needed.)**

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| --- | --- | --- | --- | --- |
| Name and Address of Employer | Date From: | Date To: | Job Title/Job Function/ Responsibilities: | Reason for Leaving |

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| Section 4 Reasons for applying |

**Please give your reasons for applying:**

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| Section 5 Other information |

1. **Please detail your Supervision arrangements and Professional Insurance provider.**
2. **Please give an idea of your available capacity to take on clients.**
3. **Please indicate whether you might work at 11 Orchard Street or other premises.**
4. **Please give any other information you think may be relevant, including health and disabilities**

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| **Section 6 References** |

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| Please give the names and addresses of two non-family people familiar with your work, one of whom is your current supervisor, who may be approached to provide references. |

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| **Reference 1** |  | **Reference 2** |

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| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |

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| --- | --- | --- | --- |
| **Their Position (job title):** |  | **Their Position (job title):** |  |

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| **Work Relationship:** |  | **Work Relationship:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Organisation:** |  | | **Organisation:** |  | |
| **Dates** | **From:** | **To:** | **Dates:** | **From:** | **To:** |

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| --- | --- | --- | --- |
| **Address:** |  | **Address:** |  |
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| **Postcode** |  | **Postcode** |  |

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| --- | --- | --- | --- |
| **Telephone No:** |  | **Telephone No:** |  |

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| **E-mail:** |  | **E-mail:** |  |

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| **Section 9 Declaration** | | | | |
| **I confirm that the information provided in this application is both truthful and accurate. To my knowledge I have omitted no facts that could affect my work as an ACPS Associate. I expressly consent to personal data contained within this form being recorded for the purposes of assessing my suitability.** | | | | |
|  | Signed: |  | **Date:** |  |
| Please return by email to Network Coordinators:  charlotte.collin1505@gmail.com; justinemccarthy99@gmail.com | | | | |