



**The Wellbeing Garden Placement Application Form**

**Post Applied For: Trainee Counsellor**

<b>Name</b>	
<b>Current address</b>	
<b>Contact Information</b>	Mobile: _____ Home Phone: _____ Email: _____

**Do you have the right to take up employment in the UK? YES / NO**

If the answer is no, please provide further details:

**Qualification and Education**

Please list from GCSE or equivalent to degree level, and post graduate study in chronological order

**Establishment**

**Qualification Received / Date**

**Professional Memberships**

Please list membership of any professional bodies (COSRT, UKCP, BACP, HPC, NCPS etc.)

**Professional Body**

**Membership**

**Employment History**

Please list your present or most recent position, including any voluntary positions held:

<b>Dates from</b>	<b>Dates to</b>	<b>Name of Employer</b>	<b>Job title, description of duties, responsibilities, and reason for leaving</b>

**Do you have any other training, qualifications, skills or personal qualities relevant to the post?**

**Please give details of, and provide an explanation for, any time when you were not either working or in full-time education**

**Please use this space to say why you are interested in a placement at The Wellbeing Garden.**

**Do you have specific safeguarding training to at least level 2? Yes/ No**

**Do you hold an enhanced DBS check? Yes/No.**

**Are you signed up to the update service? Yes/No**

**If you answered yes to 'holding an enhanced DBS', please attach a copy.**

**Do you have insurance? Yes/No**

**Do you have a Fitness to Practice certificate? Yes/No**

**Do you have a supervisor? Yes/No**

**Are you currently in your last year of training? Yes/No**

**Please give the names and addresses of two referees; your tutor, your most recent employers (if applicable) or your supervisor.**

**Reference 1 :**

Name: \_\_\_\_\_

Position (Job Title) : \_\_\_\_\_

Work relationship: \_\_\_\_\_

Organisation Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reference 2 :**

Name: \_\_\_\_\_

Position (Job Title) : \_\_\_\_\_

Work Relationship: \_\_\_\_\_

Organisation Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

**I hereby certify that all the information given by me on this form is correct to the best of my knowledge & all the questions relating to me have been accurately & fully answered.**

**Signed:**

**Date:**



**Please send your completed application form and application fee [£25] to The Wellbeing Garden:**

**FAO Simon & Helen Marton Founding Directors**

**[hello@thewellbeinggardenbath.co.uk](mailto:hello@thewellbeinggardenbath.co.uk)**

**07480 174498**

**Thank you.**