

**COUNSELLING SERVICE PLAY THERAPY ROLE APPLICATION FORM**

**SECTION 1: APPLICANT DETAILS**

|  |  |  |
| --- | --- | --- |
| Name & Personal Address of Applicant: |  |  |
|  |  |  |
| Personal Mobile No: |  | 07 |
| Personal Email address: |  |  |
| **SECTION 2:** DO YOU HAVE A DIPLOMA OR DEGREE IN PERSON CENTRED COUNSELLING? |  |  |  | YES |  | NO |
|  |  |  | YES |  | NO |
|  |  |  |
|  |  |  |
| Year of Graduation: |  |  |

|  |  |  |
| --- | --- | --- |
| Name of training organisation / university: |  |  |
|  |  |  |
| Address of training organisation / university: |  |  |
|  |  |  |
| Postcode:  |  |  |
|  |  |  |
| Telephone No: |  |  |
|  |  |  |
| Named Contact: |  |  |
|  |  |  |
| Email address: |  |  |
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|  |  |  |
| Please describe how you might research recruiting a personal supervisor with experience of working with children to support this Trainee Play Therapist role. |  |
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**SECTION 3: SUPERVISOR DETAILS**

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| --- | --- | --- |
| Name of current personal counselling supervisor: |  |  |
|  |  |  |
| Address of current personal counselling supervisor: |  |  |
|  |  |  |
| Postcode:  |  |  |
|  |  |  |
| Telephone No: |  |  |
|  |  |  |
| Mobile: |  |  |
|  |  |  |
| Supervisor Email: |  |  |

Please state how regularly you currently have individual counselling supervision?

Please describe any experience you have of working with children or young people? ………………………………………………………………………………………………

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| Do you agree to abide by The Wynd Counselling Service client record system, as required by The Data Protection Act (1998)? |  |  | Yes |  | No |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| Do you hold professional insurance to cover your individual practice as a student that covers face to face counselling with clients? |  |  | Yes |  | No |
|  |  |  |  |  |
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| Do you agree to meet with the Wynd Counselling & Play Therapy Manager on a weekly basis to reflect on caseloads and play therapy work with children? |
|  |  |  | Yes |  | No |

Do you have an existing PVG Disclosure Scotland record?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  | Yes |  | No |

If so, please give your 16 digit Disclosure Scotland PVG reference no. below:

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DAYS** | Monday □  | Tuesday □  | Wednesday □  | Thursday □  | Friday □  | Saturday □  |
| **TIMES**  | Am/Pm/Eve | Am/Pm/Eve | Am/Pm/Eve | Am/Pm/Eve | Am/Pm/Eve | Am / Pm |

Please indicate what days are you available for this Trainee Play Therapy role?

**11)** Please describe below any relevant experience that you might bring to the role as a Trainee Play Therapist, stating your reasons for applying.

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Please state the names of two people (who are familiar with your experience, skills & qualities), who can provide references in support of this application.

One referee can be a current or recent employer and the second referee should be able to comment on your counselling skills and your potential to work therapeutically with children.

**2nd Referee**

Name: ..........................................

Address:..............................................................................................................................................................................................................

Postcode: ................................

Email: ......................................

Mobile /Tel: .............................

**1st Referee**

Name: ...............................................

Address:..............................................................................................................................................................................................................................

Postcode: ................................

Email: ......................................

Mobile /Tel: .............................

**Date of Application:** ................ / ................. /..................

**Applicant’s Signature:** ................................................