

Application Form – Volunteer Counsellor

TITLE: (Mr/Mrs/Miss/Ms/Other)

SURNAME:

FORENAMES:

PREFERRED NAME:

ADDRESS:

POST CODE:

TELEPHONE: HOME:

WORK:

MOBILE:

EMAIL:

REFERENCES

Please give details of two persons, other than family or friends, who may be contacted to provide a reference, one of whom can comment directly on your relevant counselling training and/or experience during the last 3 years. Please inform them that they are listed here as we always take up references.

1. Name:
Relationship:
Email:
Address:

2. Name:
Relationship:
Email:
Address:

STATEMENT

I apply to join Road Victims Trust. I agree to complete a Disclosure and Barring Service application form if offered the post of volunteer counsellor.

Signed:

Date:

The Road Victims Trust requires all prospective staff members to disclose all convictions including 'spent' convictions, as this work is covered by the exemption order of 1975 to section 4(2) and section 4(3b) of the Rehabilitation of Offenders Act 1974.

Do you have any convictions YES / NO (delete as appropriate)? If yes you will be asked for details at your interview

Do you have any driving convictions or points on your license, if so please include details.

Information relating to convictions will be held in strict confidence.

The role involves some travel (expenses are paid).

Do you have a full driving license? Yes/No

Do you have use of a motor vehicle and are you able to drive independently? YES/NO

Two one hour weekly visits is the average workload for a Road Victims Trust volunteer. Please list your availability for meeting with clients (e.g. Monday evenings, Friday all day).

What would you consider as a maximum journey time for travel to a client visit?

How did you hear about the Road Victims Trust?

Current or last employment. Please give dates, employer details and description of post.

Previous employment. Please give dates, employer details and description of post.

Please give details of any voluntary work experience.

Please list counselling qualifications, or qualifications you are working towards and place of study (**including completion or expected completion dates**)

Please give details of your experience in a counselling role.

Please give details of your own experience or that of family, friend, colleague or client of a bereavement that was violent or unexpected, being a victim of crime or attending court.

Please list your most recent or significant personal bereavement or bereavements.

Please tell us something about yourself.

1. What has prompted this application?
2. What might you find personally challenging working with the Road Victims Trust?
3. What might you find personally satisfying in working with the Road Victims Trust?

Is there anything else you would like to tell us about yourself?

If you would like more information please contact us on: 01234 843345

Thank you for completing this application form.

**Return application form to: 146 Bedford Road, Kempston, Beds. MK42 8BH or by
email to: enquiries@rvtrust.co.uk**

We may keep your application on file, please notify us if you want us to remove your details.

Road Victims Trust is committed to ensuring that minority and disadvantaged groups are positively welcomed and involved in all aspects of the Road Victims Trust.