Changing Pathways

P.O. Box 51, Basildon, SS14 OND

Tel: 01268 581591 (Changing Pathways, formerly Basildon Women’s Aid)

Tel: 01268 729707 (Parklands Women’s Centre)

Email: [counselling@changingpathways.org](mailto:counselling@changingpathways.org) Website: [www.changingpathways.org](http://www.changingpathways.org)

**VOLUNTEER COUNSELLOR APPLICATION FORM**

PART ONE – YOUR DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | | First Name: | | | | | | Last Name: | | | |
| Address: | | | | | | | | | | | |
|  | | | | | | | | Postcode: | | | |
| Tel: Mobile: Email: | | | | | | | | | | | |
|  | | | | | | |  | | | | |
| How would you prefer we contact you? | | | | | | |  | | | | |
| How did you hear about Changing Pathways? | | | | | | |  | | | | |
|  | | | | | | |  | | | | |
| Please give details of counselling and other relevant qualifications: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Why do you want to volunteer? | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | |  |
| Have you ever experienced (or are you currently living with) domestic abuse? | | | | | | | | | | | Yes / No |
| If yes, how long ago? | | | | | | | | | | |  |
| Have you ever worked with women in distress before, paid or voluntary? | | | | | | | | | | | Yes / No |
| If yes, please give details: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Please indicate the times you are available to counsel: | | | | | | | | | |
|  | Mon | | Tue | Wed | | Thu | | | Fri |
| A.M. |  | |  |  | |  | | |  |
| P.M. |  | |  |  | |  | | |  |
|  | | | | | | | | | | | |
| When will you be available to start? | | | | |  | | | | | | |
|  | | | | | | | | | | | |
| Please tell us anything else you think is relevant to your application: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | |  | | | | | |
| Do you have use of your own transport? | | | | | | | | | | | Yes / No |
| What type if driving licence do you have? | | | | | | | | | | |  |
|  | | | | | | | | | | | |
| Please give the details of two referees who may be contacted for references. If enrolled on an Advanced Certificate, or Counselling Diploma course, one referee would normally by your course tutor: | | | | | | | | | | | |
| Title: | | First Name: | | | | | | Last Name: | | | |
| Address: | | | | | | | | | | | |
|  | | | | | | | | Postcode: | | | |
| Tel: Relationship: | | | | | | | | | | | |
|  | |  | | | | | |  | | | |
| Title: | | First Name: | | | | | | Last Name: | | | |
| Address: | | | | | | | | | | | |
|  | | | | | | | | Postcode: | | | |
| Tel: Relationship: | | | | | | | | | | | |
|  | | | | | | | | | | |  |

PART TWO – MONITORING INFORMATION

*This information helps us decide what services we need to provide in the future*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth: | | Day: Month: Year: | | | | | | | | |
|  | | | |  |  |  | | |  |  |  | |  |
| Please tick all that apply: | | | | | | | | | | | | | |
| Employed\* |  | | House person | | | |  | Lone parent | |  | Non-employed | |  |
| \*Occupation: |  | | Retired | | | |  | Self employed | |  | Student | |  |
|  | | Unable to work (medical) | | | |  | Unable to work (in UK) | |  | Unemployed | |  |
|  | | | | | | | | | | | | | |
| Are you seeking volunteering as a pathway to paid work or training? | | | | | | | | | | | | Yes / No | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please indicate what you consider your ethnic background to be? | | | | | | |
| African |  | Bangladeshi |  | Black | |  |
| Black Caribbean |  | Chinese |  | Indian | |  |
| Other Asian |  | Other Black |  | Other Mixed | |  |
| Other White |  | Pakistani |  | White & Asian | |  |
| White & Black African |  | White & Black Caribbean |  | White British | |  |
| White British (English) |  | White British (Scottish) |  | White British (Welsh) | |  |
| White Irish |  | Any other background |  | Rather not say | |  |
|  | | | | | | |
| What is your nationality? | | | | |  | |
| Do you consider yourself to have a disability? | | | | | Yes / No | |
| Do you need any extra support or assistance to volunteer? | | | | | Yes / No | |
|  | | | | | | |

|  |  |
| --- | --- |
| PART THREE - REFERENCES | |
|  | |
| *Where possible, at least one referee should be your current or most recent employer, tutor or from a professional person. Please state the capacity in which they know you. Family members are not acceptable.* | |
|  | |
| Name: | Name: |
| Job Title: | Job Title: |
| Address: | Address: |
|  |  |
| Telephone: | Telephone: |
| Email | Email |
| Relationship to you: | Relationship to you: |
|  | |
| PART FOUR – CRIMINAL OFFENCES DECLARATION | |
|  | |
| *Please give details of any spent or unspent criminal offences (if any) and sign the declaration* | |
|  | |
| I declare that, at the time of signing this declaration, I have not been convicted of any criminal offences other than stated above. | |
| Signed:……………………………………………………….……………………………… Date:……………………………….………… | |
|  | |

|  |
| --- |
| PART FIVE – DISQUALIFICATION FROM WORK WITH CHILDREN OR VULNERABLE ADULTS DECLARATION |
| I declare that, at the date of signing this declaration I have not been disqualified from working with children or vulnerable adults, or subject to sanctions imposed by a regulatory or professional body e.g. Ofsted, The General Care Council (GSCC) or General Medical Council (GMC). |
| Signed:……………………………………………………….……………………………… Date:……………………………….………… |
|  |
| To the best of my knowledge and belief the information I have given is correct. This information will be treated as confidential and any relevant details will only be made available to another organisation with my permission. Involvement as a volunteer may require reference and/or a Disclosure and Barring Service (DBS) check, if appropriate.  I consent to the information on this form being held on file in accordance with the Data Protection Act 1998.  I agree to abide by Changing Pathways code of confidentiality.  Signed:……………………………………………………….……………………………… Date:……………………………….………… |

Please return to: Changing Pathways, P.O. Box 51, Basildon SS14 0ND

Or email to: [counselling@changingpathways.org](mailto:counselling@changingpathways.org)