**Application for Placement**

Date:

Name:

Pronouns: Age:

Address:

Contact Number/s:

E-mail:

Training Organisation:

Orientation of training (for example person-centered/psychodynamic, etc):

Details of Current Course:

What qualifications do you already have?

Do you speak any other languages?

Have you completed any training at your training institute, about online or telephone therapy?

To ensure that we can support you in the best possible way, please let us know of any relevant access needs that you may have.

What do you hope to gain from having a placement here?

Are there any client groups that you would particularly like to work with? For example, people with specific identities based on their gender, sexuality, race, nationality, disability or religion. Do you have any lived experience that would support you with this?

What are some qualities and strengths that you have, that you feel will support you on your placement and in your client work?

What challenges do you recognise that you have, that you would like to work on in your placement?

Have you received therapy in the past or present?

Do you have experience of working with vulnerable individuals?  Please give details.

The Project operates 6 days a week, between 9am and 8pm.  What times would you be available to work with clients?

When would you be looking to start your placement?

***Thank you for taking the time to complete this application form.***

***If you are offered a placement with us, we will ask you to provide one professional reference from your training provider that can vouch for you in a professional capacity.***