Dear Applicant

Thank you for your interest in a placement at With You in Mind.

Please complete the form below and send it to **placements@withyouinmindcounselling.co.uk**.

|  |  |
| --- | --- |
| Name:  |  |
| Date of Birth: |  |
| Email:  |  |
| Home Address: |  |
| Contact Number: |  |

|  |  |
| --- | --- |
| Name of University or training school: |  |
| Course Name: |  |
| Current year/level: |  |
| Supervision requirements: |  |
| Student Membership:(BPS or equivalent): |  |
| Do you hold insurance to practice?  |  |
| What insurance company are you with? |  |

|  |  |
| --- | --- |
| Area of Interest: |  |
| Therapeutic Modality:  |  |
| Relevant Education:  |  |
| Clinical Work Experience: |  |
| Personal Statement:  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Availability:  | Please highlight the relevant boxes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| 3-6pm | 3-6pm | 3-6pm | 3-6pm | 1-4pm |
| 6-9pm | 6-9pm | 6-9pm | 6-9pm | 4-7pm |

 |
| What is the age range of clients you can work with:  | Please tick the relevant boxes:

|  |  |
| --- | --- |
| 11 - 13 |  |
| 13 - 16 |  |
| 16 - 17 |  |
| 18+ |  |

 |
| Remote or in-person counselling? |  |
| When can you start placement? |  |

|  |  |
| --- | --- |
| Academic Reference | Name:Capacity known:Contact number:Email: |
| Personal Reference | Name:Capacity known:Contact number:Email: |

We aim to get back to successful candidates within 2 weeks of application to schedule an interview.

Kind regards

With You in Mind