



**Counselling Service**

64 Market St, Eastleigh SO50 5RD

Registered Charity No. 1058123

Tel: 07707 664702

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**Training/Placement Application Form**

	<b>Personal Details</b>
Full Name	
Preferred title	
Date of birth	
Address	
Postcode	
Telephone Day	
Telephone Evening	
E-mail address	
Do you hold a current full driving licence?	
Do you have access to a car?	

**Education**

Dates (Month/Year)	Name of Secondary School/University	Full/Part-time	Qualifications and grades

**Details of Other Courses Attended**

Year	Length of Course	Course Title & Organising Body	Training Provider

**Other Relevant Skills (e.g. computer skills, foreign languages)**

**Outside Interests/leisure activities**

**Health**

Is there anything concerning your medical history or state of health that is relevant to this application? Yes/No. If Yes please give details.....

Do you require any special aids/assistance to enable you to participate in an interview? Yes/No. If yes please give details.....

**Current or most recent employment**

Present Position	Date started
Please give a brief description	
Present Employers name and address	

**Previous employment (please start with the most recent first)**

Dates (Month/Year) From/To	Name of Employer	Position and Duties	Reason for leaving

### **Voluntary work experience**

Dates Month/Year From To	Organisation	Details of voluntary work	Reason for leaving

### **Reasons for applying**

In your own handwriting, please give reasons for applying and what contributions you feel you could make to this position.

## References

Please nominate two references who may be contacted to demonstrate your knowledge, skills, attributes and suitability for this placement, one of which should be your current/most recent employer or tutor. References will not be taken up until after your interview.

Name	Name
Position	Position
Organisation	Organisation
Address	Address
Telephone Number and e-mail address	Telephone Number and e-mail address
Capacity in which known	Capacity in which known
Did they know you by any other name? If yes please give details	

## CONVICTIONS

**Under the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975) some criminal convictions/cautions are deemed spent after a period of time. Details of convictions/cautions not spent must be given below.**

**Date**

**Nature of Offence**

**Sentence or verdict of Court**

**EBS requires all volunteers to have a CRB check to establish whether or not they have a criminal background.**

**DECLARATION**

**I declare that all the information on this application form is, to the best of my knowledge and belief, true and correct. I understand that any false statement may give cause for dismissal should I be appointed.**

**Signature .....**

**Date .....**