



JUMP START

Riverside Centre, 113 Culvers Ave, Carshalton, SM5 2FJ
info@jumpstartsutton.org
www.jumpstartsutton.org
020 8251 0251

TALK TO US



**VOLUNTEER APPLICATION FORM
PRIVATE AND CONFIDENTIAL**

**Please complete all sections in black ink or typescript
CVs will not be considered**

| | | |
|-------------|-----------------------------|--|
| Role | VOLUNTEER COUNSELLOR | Application Candidate N^o <small>(for office use only)</small> |
|-------------|-----------------------------|--|

| | | | |
|-----------------|--|-----------------|--|
| INITIALS | | POSTCODE | |
|-----------------|--|-----------------|--|

| PLEASE SUMMARISE YOUR COUNSELLING TRAINING <i>(Please continue on a separate sheet if necessary)</i> | | | | |
|--|------------|-------------------------|--|------------------------------|
| Dates From: | To: | Institution Name | Course Details (Levels & Hours) | Qualifications Gained |
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PLEASE GIVE DETAILS OF YOUR MEMBERSHIP TO ANY PROFESSIONAL BODIES
(Please continue on a separate sheet if necessary)

| Dates From: | To | Professional Body | Membership Status |
|-------------|----|-------------------|-------------------|
| | | | |
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PLEASE PROVIDE SUMMARY DETAILS OF PREVIOUS & PRESENT EMPLOYMENT
(Please continue on a separate sheet if necessary)

| Dates From: | To: | Employer's Name | Job Title / Role | Main Responsibilities |
|-------------|-----|-----------------|------------------|-----------------------|
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COUNSELLING PRACTICE

Please describe your experience of counselling practice, whether this is seeing actual clients or working in triads at college etc. Clearly indicate how many hours of counselling you have experienced and in what capacity, where and when this experience was gained

Please describe your personal counselling ethic, including your values and theoretical base

What interests you about working with young people and, specifically, at “Jump Start”?

CONFIDENTIAL DETAILS OF PERSONAL THERAPY**Professional organisation of which your counsellor/psychotherapist is a member****Name & qualifications of your counsellor / psychotherapist****Theoretical orientation****Number of sessions to date****Date started****What have you gained from your personal therapy and how has this helped your training or practice?****Is there anything else you would like to tell us about in aid of your application?****Do you have any particular needs with which we can assist you, for example large print documentation?**

CLIENT WORK

We currently work out of one venue in Sutton:

- Riverside Centre, 113 Culvers Avenue, Carshalton SM5 2FJ
- Please tell us which of these possible times you would be available to see clients.

(NB: We request that you provide a minimum of 3 hours per week for client work/providing cover for other team members. Additionally, a minimum attendance of 75% of supervision and Off the Record quarterly team meetings are a compulsory part of a placement)

| | | | | |
|-----------|------------------|-----------------|------------------------------|-----------------------------|
| Monday | Riverside Centre | 6:30pm – 9:30pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuesday | Riverside Centre | 6:30pm – 9:30pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wednesday | Riverside Centre | 6:30pm – 9:30pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Thursday | Riverside Centre | 6:30pm – 9:30pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SUPERVISION

Supervision Groups meet *bi-weekly* at either:

- Jump Start, Riverside Centre, Carshalton SM5 2FJ
- Off the Record, 72 Queens Road, Croydon, Surrey CR0 2PR

Please indicate which of these you would be available to attend.

| | | | | |
|-----------|----------------|------------------------------|------------------------------|-----------------------------|
| Monday | Jump Start | please give available times: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuesday | Jump Start | please give available times: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wednesday | Jump Start | please give available times: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Thursday | Jump Start | please give available times: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Monday | Off the Record | 6:30pm - 8:30pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wednesday | Off the Record | 5:30pm - 7:30pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wednesday | Off the Record | 6:30pm - 8:30pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REFEREES

Please give the names and addresses of two referees who are willing to support your application, and detail your relationships with these referees.

- One referee must be your clinical supervisor, primary tutor or placement supervisor
- The second referee should ideally also be someone who has held a supervisory responsibility for you in some capacity

(NB: Referees should not be family members or friends)

| REFEREE 1 | | | |
|-----------|--|---------------------|--|
| NAME | | RELATIONSHIP TO YOU | |
| ADDRESS | | | |
| | | DAYTIME TEL | |
| POSTCODE | | MOBILE | |
| REFEREE 2 | | | |
| NAME | | RELATIONSHIP TO YOU | |
| ADDRESS | | | |
| | | DAYTIME TEL | |
| POSTCODE | | MOBILE | |

Due to the nature of our work with children, young people and vulnerable adults, all posts within Jump Start are subject to Enhanced Disclosures through the Criminal Records Bureau. Please note that the receipt of a form showing previous convictions/cautions /warnings will not automatically exclude someone from becoming a member of staff/a volunteer at Jump Start. Previous criminal records will be considered in relation to their relevance to the work/placement applied for, the circumstances of the offence and the length of time elapsed since the offence.

If you have any concerns about this part of the application form or want to discuss any issues related to past offences please contact the Counselling Co-Ordinator at Jump Start.

| STATEMENT BY APPLICANT | |
|--|-------------|
| I confirm that to the best of my knowledge the information given on this form is true and correct. | |
| Signed: _____ | Date: _____ |

Return completed Application and Equal Opportunities form to: -

EMAIL: info@jumpstartsutton.org (for the attention of Lisa Malangone)

POST: Lisa Malangone, Jump Start, Riverside Centre, 113 Culvers Avenue, Carshalton SM5 2FJ

| FOR OFFICE USE ONLY | |
|------------------------------|--|
| Interview | |
| Practical Observation | |
| Reserve Team Status | |
| Active Team Status | |

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TALK TO US**EQUAL OPPORTUNITIES MONITORING FORM****PRIVATE AND CONFIDENTIAL**

Jump Start is committed to ensuring that all aspects of its services are accessible to all sections of the community. In order to monitor the implementation of our equal opportunities policy, all volunteers, management committee members and staff are asked to complete the details below. Completion of all or any part of this form is voluntary but we hope that you will feel able to provide the information requested as this is central to our monitoring procedures. These forms will not be used in any selection process and are strictly for monitoring purposes only. **If you are applying for a job it is essential that you complete your name and address on this form.**

| | | | | |
|---|-----------------------------|---|--------------------------------------|-------------------------------|
| Role | VOLUNTEER COUNSELLOR | | Application Candidate | Nº |
| | | | <small>(for office use only)</small> | |
| Name | | | | |
| Date of Birth | | Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Address | | Tel Work | | |
| | | Tel Home | | |
| | | Tel Mobile | | |
| Postcode | | Email | | |
| How would you identify yourself in relation to your cultural, ethnic or racial origin? <small>(Please check any of the boxes below that apply)</small> | | | | |
| White <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White Other <input type="checkbox"/> Chinese | | <input type="checkbox"/> Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other <input type="checkbox"/> Any Other Background | | |
| How would you describe your sexual orientation? | | | | |
| <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <small>(straight)</small> | | | | |
| Are you registered disabled? | | <input type="checkbox"/> No <input type="checkbox"/> Yes | Registration Number | |
| If you are not registered disabled, do you consider yourself disabled in a way you would like us to know about? | | | | |
| | | | | |
| SIGNED | | | DATE | |