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| **THE COUNSELLING FOUNDATION PLACEMENT REGISTRATION FORM 2019-2020** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **This form must be word processed and emailed to CLINICALHEADS@COUNSELLINGFOUNDATION.ORG** | | | | | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | |
| NAME |  | | | | | | | | PHONE NUMBER | | |  | | | | |
| ADDRESS |  | | | | | | | | | | | | | | | |
| EMAIL |  | | | | | | | | | | | | | | | |
| THERAPIST |  | | | | | | START DATE WITH THERAPIST | | | |  | | | | | |
| Do you currently hold an enhanced DBS Certificate valid within 3 years?  **If you do not have a DBS, you will need to have one in place before you start to see clients** | | | | | | | | | | | **Yes** | | |  | **No** |  |
|  | | | | | | | | | | | | | | | | |
| **COURSE DETAILS:** | | | | | | | | | | | | | | | | |
| YEAR (i.e. Diploma 1) | |  | | | | LOCATION | | | |  | | | | | | |
| DAY OF STUDY | |  | | | | TIME | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **PLACEMENT DETAILS**: | | | | | | | | | | | | | | | | |
| Please number each centre in order of preference 1 to 5. **You must choose at least two**. | | | | | | | | | | | | | | | | |
| ST ALBANS |  | | BROXBOURNE |  | LUTON | |  | STEVENAGE | | |  | | BEDFORD | | |  |
| Please state if you currently have a placement and if so where? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please state if you are currently applying for another external placement and if so where? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please state below if you have any connections with our counselling centres or staff. | | | | | | | | | | | | | | | | |
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| **SUPERVISION AVAILABILITY** | | | | | | | |
| PLEASE PLACE AN **X** NEXT TO ALL THE WEEKLY SUPERVISION SESSIONS YOU CAN ATTEND. YOU MUST CHOOSE **AT LEAST ONE** FROM EACH OF YOUR CHOSEN CENTRES. | | | | | | | |
| **ST ALBANS** | | | | | | | |
| **MONDAY** | | **TUESDAY** | | **WEDNESDAY** | | **THURSDAY** | |
| 2:30pm to 4pm |  | 10am to 11:30am |  | 1:40pm to 3:20pm |  | 11am to 12:30pm |  |
|  | | 11:45am to 1:15am |  | 2pm to 3:30pm |  | 12:15pm to 1:45pm |  |
| 12:15pm to 1:45pm |  | 3:25pm to 4:55pm |  | 2:15pm to 3:45pm |  |
| **BROXBOURNE** | | | | | | | |
| **MONDAY** | | **TUESDAY** | | **WEDNESDAY** | | **THURSDAY** | |
| 12pm to 1:30pm |  | 1pm to 2:30pm |  |  | | 10:15am to 11:45am |  |
|  | | 2:30pm to 4pm |  | 12pm to 1:30pm |  |
| **LUTON** | | | | | | | |
| **MONDAY** | | **TUESDAY** | | **WEDNESDAY** | | **THURSDAY** | |
| 1:15pm to 2:45pm |  | 1:30pm to 3pm |  |  | | 10:15am to 11:45am |  |
| 3pm to 4:30pm |  |  | | 4pm to 5:30pm |  |
| 6pm to 7:30pm |  |  | |
| **STEVENAGE** | | | | | | | |
| **MONDAY** | | **TUESDAY** | | **WEDNESDAY** | | **THURSDAY** | |
|  | | 9:30am to 11am |  | 9:15am to 10:45am |  | 10:15am to 11:45am |  |
| 11:30am to 1pm |  |  | | 12pm to 1:30pm |  |
| **BEDFORD** | | | | | | | |
| **MONDAY** | | **TUESDAY** | | **WEDNESDAY** | | **THURSDAY** | |
| 4pm to 5:30pm |  | 3:15pm to 4:45pm |  | 1:45pm to 3:15pm |  | 6pm to 7:30 pm |  |
|  | | 5:45pm to 7:15pm |  |  | |  | |
|  | | | | | | | |
| **Please tell us your current availability to see clients, outside of training and supervision?** | | | | | | | |
|  | | | | | | | |
| **IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD REGARDING YOUR PLACEMENT?** | | | | | | | |
|  | | | | | | | |
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