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|  **THE COUNSELLING FOUNDATION PLACEMENT REGISTRATION FORM 2019-2020** |
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| **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? |
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| Please state if you are currently applying for another external placement and if so where? |
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| 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 |  |
|  | 12:15pm to 1:45pm |  | 6pm-7.30pm |  | 12.15pm to 1.45pm |  |
|  |  |  |  |  |  |
| **BROXBOURNE** |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** |
| 12pm to 1:30pm |  |  |  |  |  |  |
|  |  |  |  |  |
| **LUTON** |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** |
| 1:15pm to 2:45pm |  | 1:25pm to 2.55pm |  |  | 10:15am to 11:45am |  |
| 3pm to 4:30pm |  |  | 4pm to 5:30pm |  |
|  |  |  |
| **STEVENAGE** |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** |
|  |  |  | 10am-11.30am |  |  |  |
|  |  |  |  |  |
| **BEDFORD** |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |
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| **Please tell us your current availability to see clients, outside of training and supervision?** |
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| **IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD REGARDING YOUR PLACEMENT?** |
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