**THERAPIST APPLICATION FORM**

Please fill in all sections of this application form as far as possible and attach copies of qualifications and CV, original documents will be required at interview.

If you require this form in an alternative format, please contact us at enquiries@oxfordcounsellingcentre or 01865 403221

**Contact Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Number |  |
| Email Address |  |

**General Information**

These details will not be considered when assessing your application and answering is option. We use them to monitor applications to Oxford Counselling Centre and the effectiveness of our equal opportunities policy. (Check the relevant box where applicable)

|  |  |  |
| --- | --- | --- |
| Gender | Male  Female  Non Binary  Transgender  Intersex  Prefer not to say  Other (please state)…………… | |
| What is your ethnicity?  Choose one option that best describes your ethnic group or background.  Where ‘other’ is ticked, please describe. | White:  Mixed / Multiple ethnic groups:  White and Black Caribbean  White and Black African  White and Asian  Other  ………………………………………………..  Asian / Asian British  Indian  Pakistani  Bangladeshi  Chinese  Other  ………………………………….  Black / African / Caribbean / Black British  African  Caribbean  Any other Black / African / Caribbean  Other  ………...............  Other ethnic group  Arab  Other  ……………………………..  Prefer not to say | |
| Do you have a disability or any additional requirements to consider when coming for an interview? If yes, please give details so we can accommodate you as far as possible. E.g. wheelchair user, interpreter required or assistance connected with eyesight required. | | Yes  No  Prefer not to say (please note we cannot make any adjustments if you tick here)  Details if applicable: |
| (Rehabilitation of Offenders Act 1974) Have you been convicted of a criminal offence? | | Yes  No  If YES, please give details: |
| Do you currently hold or agree to a check?(Disclosure will be requested in the event of a successful application. Please note a criminal record will not necessarily be a bar to obtaining a position | | Yes  No  If no, are you willing to undergo a DBS check?  Yes  No |

**Relevant Experience**

|  |  |
| --- | --- |
| Please give details of your relevant experience so far. For example, your placements, number of clinical hours, number of clients worked with and types of clients seen. |  |
| Was personal therapy a requirement of your course? If not, have you have attended personal therapy? |  |
| Please provide details of your supervisor |  |
| Please provide contact details (emails, address, and phone number) for two referees. One must be the most recent counselling placement/role you have worked in. |  |
| Can we contact the referees before an interview is offered? | Yes  No |
| Qualifications Gained (With Dates) |  |
| Professional Organisation  Membership including member number |  |

**Personal Statement**

|  |  |
| --- | --- |
| Please tell us why you would like to join Oxford Counselling Centre and why you think you would be suited to a member role with the organisation. (Maximum 800 words) |  |

Thank you for completing the application form. It can be returned electronically to [enquiries@oxfordcounsellingcentre.com](mailto:enquiries@oxfordcounsellingcentre.com) or via post to: Oxford Counselling Centre, The Old Music Hall, 106-108 Cowley Road, Oxford, OX4 1JE.

You will be contacted by an Oxford Counselling Centre staff member within two weeks of submitting your application.

*We use the information on this form to process your application. By completing and returning this application you are confirming that you have read and agree to our privacy notice.*