Southwark Carers Counselling Service

Application pack for volunteer counsellor placement

Dear Volunteer Counsellor Applicant,

Thank you for your recent enquiry about a clinical placement with Southwark Carers. Our counselling service offers counselling to Carers who look after cared for people who are resident in the Borough of Southwark. We recruit counsellors who are qualified or currently in training on counselling & psychotherapy courses.

Our clinical placements are voluntary. We ask for a two-year commitment.

Southwark Carers works with the Integrative approach. We offer Carers of cared for people living in the Borough of Southwark up to 13 session counselling contracts.

Please take time to complete your application, as this alone will be used to assess your suitability. CVs or forms with missing information will not be considered.

Each application will be considered on an individual basis. Southwark Carers Counselling Service reserves the right to decline any application.

All volunteers who work in Southwark Carers Counselling Service are DBS checked.

*Please note that there is a big demand for placements at Southwark Carers. If you do not hear from us you have not been selected for interview.*

If you would like to discuss any aspects of the application please contact me.

I look forward to receiving your application form.

Best Wishes,

Verinder Mander

[verinder.mander@southwarkcarers.org.uk](mailto:rob.danavell@southwarkcarers.org.uk)

The Volunteer Trainee Counsellor Interview Process

Step 1:

Trainee volunteer counsellors will be asked to complete the application form.

CVs are not accepted.

Step 2:

To attend the first interview with a member of staff for a general discussion of your application form.

Step 3:

To attend a second interview with the manager of the service, and another clinician based on a formal set of questions.

This interview will focus on: being a counsellor in a voluntary organisation, carers’ issues and your own history in relation to being a counsellor working with clients.

Step 4:

To attend an induction day (weekday) to learn about the administration of the Counselling Service and the other services in the organisation.

Step 5:

Join a supervision group.

Step 6:

To be allocated clients. The speed at which this happens can vary: depending on your availability / the current referral stream / your experience and expertise.

Volunteer Counsellor Agreement

Volunteer Information

Job Title: VOLUNTEER COUNSELLOR

Organisation: Southwark Carers, 3rd Floor Walworth Methodist Church, 54 Camberwell Road, London SE5 0EN

Start Date:

Finish Date:

What you can expect of us / what we will offer:

* A clinical placement for two years in total subject to successful 6 month probationary period, providing the opportunity to see up to 3 clients per week. Extensions of placement are possible subject to appraisal and discretion of the Counselling Services Manager.
* The service will clarify any requirements that you specifically require of your placement at Southwark Carers.
* Clinical supervision twice monthly offering support and guidance to achieve safe clinical practice with clients, enabling the counsellor to explore difficulties and develop their abilities.
* A supportive process in the event of concerns with quality of counsellors’ work clinically or otherwise. This may involve 3-way review with your supervisor and the service manager, contact with your training organisation or whatever else is necessary.
* For counselling service staff to be available for telephone and e-mail contact during the week in event of queries.
* Give references after 6 months of service
* Review of your general progress after six months with your clinical supervisor.
* Reimbursement of travel expenses.
* Professional indemnity insurance cover for your clinical work at Southwark Carers.
* Support for your professional development as a counsellor through training day’s appraisals and tutorials.
* Access to literature pertinent to counselling and mental health.
* To provide you with an accessible Problem Solving Policy in the event that you have any complaints to bring to our attention.

What we expect from you:

* To make a commitment of at least two years with the Counselling Service to provide weekly counselling over 44 weeks per year for at least three continuous hours weekly.
* Provide a named contact person in your training organisation for the purposes of counsellor development and appraisal.
* To be aware of your own limitations, and use supervision to openly and
* Honestly address clinical issues including: risk in the counselling relationship, risk to yourself as a trainee and risk to or from the client and any further concerns about breakdown in the counselling relationship
* To work intelligently with the counselling service and ensure clear ending processes for clients.
* To understand, agree to and be able to implement procedures in the Counselling Handbook including Dealing with Risk.
* Not to disclose personal information to clients (e.g. telephone numbers, etc.) or enter into any private arrangements with clients including additional / external / unpaid/ paid counselling.
* To provide an email address which is looked at regularly and to respond to email communication from the counselling service.
* To attend and participate fully in supervision twice monthly of 90 minutes. Attendance is mandatory, and you must attend at least 80% of planned supervisions in each year from the start of your contract. If this policy were not adhered to, consideration would be given to closing your client work and terminating your contract with the service.
* To work as far as possible within the pattern of Southwark Carers ’s counselling service closure. To give a minimum notice period of one month for any planned absence and three months’ notice for end of agreement. Due to the nature of the clinical work breaks of longer than 3 weeks outside agreed service holidays the Counselling Manager must agree to. Please note: Counsellors are expected to give adequate notice to end their placement and complete clinical contracts. Any exception to this will be taken very seriously by the organisation.
* To attend and participate in Southwark Carers ’s training opportunities and other meetings, which may be occasionally arranged.
* To complete administrative functions in accordance with current practices which include:

a) Recording appointments in the diary

b) Recording client attendance and any client starts and endings

c) Completion of brief session summaries and updating revised anticipated

end dates etc as appropriate

* Completion of closing client summaries and interim summaries as required
* Completion of standard correspondence, as appropriate
* Complete (clinical outcome routine evaluation) CORE forms
* In any instance, which results in your inability to see clients or attend supervision, you are required to notify the service.
* Other than issuing standard and approved communications and correspondence, not to communicate / correspond with clients or any third parties without firstly seeking agreement from your supervisor or the counselling service.
* To inform your supervisor, counselling manager, and counselling service of any changes to your studies, academic status, training contacts, personal therapy, or client work, including any additional counselling placements.
* To inform the counselling service of any changes in personal details e.g. address, telephone numbers, etc.

General and Professional Responsibilities

* To act in accordance with Southwark Carers ’s policies, procedures, guidelines and relevant codes of practice including that of the BACP which is Southwark Carers ’s membership body
* To develop and maintain appropriate boundaries of confidentiality with colleagues and clients, working within Southwark Carers policies and procedures.
* To maintain client records and information securely and in strict confidence.
* To contribute to the collation of information as necessary.
* To maintain high standards of professional integrity and respect for others in all dealings with clients, colleagues and other professionals.
* To avoid any action or behaviour which may bring the organisation into disrepute

As an Equal Opportunities Employer, Southwark Carers is committed to equality of opportunity and seeks to implement its equal opportunities policy in all aspects of its work

Application form for volunteer counsellor placement

Name:

Date of Birth:

Telephone:

Mobile:

When did you move to this address? (Month / year)

Date Application Form completed:

As a volunteer counsellor you will be working with vulnerable adults.

As part of the counsellor agreement Southwark Carers will carry out a CRB check.

Employment Status:

| Educational Qualifications | | |
| --- | --- | --- |
| Dates | School / College | Qualifications |
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| Please give details of Counselling Training & Qualifications: including present training. | | |
| Dates | Organisation | Qualifications |
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| Employment: (Please list in chronological order ending with the most recent) | | | |
| --- | --- | --- | --- |
| Dates | Post held | Main responsibilities | Key achievements |
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| Voluntary work: | | | |
| Dates | Post held | Main responsibilities | Key achievements |
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Please describe any experience you have had in working with any of the following: carers, mental health, low waged, unemployed, people from ethnic minority groups.

Please describe any other experience/work which you consider relevant::

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| Please tell us about your important life experiences to date: |
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| Please describe any counselling/psychotherapy you have provided to others: |
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| Have you been/ are you yourself receiving counselling, or in therapy or analysis? If so please give details. (Name of therapist; whether UKCP / BACP Accredited / BCP registered; length of time in counselling/therapy; frequency per week; orientation of counselling/therapy; and any other information you feel is relevant. Please note that these details are used only to help us gain a clearer picture of you as an applicant. (We will not contact your therapist/counsellor) |
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| If you were selected as a volunteer counsellor, how do you think it might affect you, your life, and how would you use the training received? |
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| Please give your reasons for applying for the post: |
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| If your application were successful when would you be able to start a placement? |
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| Please state any serious physical or psychological illness(es) you have had. |
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| Practical Commitment Please indicate your commitment to the placement requirements and indicate clearly the hours and days when you could be available for counselling and / or supervision during the working week (Monday-Friday). Please give times when you could start and would need to finish.  Supervision groups are held at fixed times and counselling rooms are not always available to suit, so please give as many times as possible when you could attend during the working week. Please also indicate if you might have some additional flexibility if needs be. |
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| If you have a disability, and require special facilities please tell us what these are: |
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| As a counsellor with Southwark Carers you will be working with vulnerable people therefore we want to know if you have ever been cautioned or convicted of a criminal offence? |
| If yes please state  Date of caution/conviction:  Offence:  Where / When committed:  Please note that the Rehabilitation of Offenders Act 1974 does not apply to staff and volunteers working with vulnerable people.  A false declaration will result in being dismissed as a volunteer. |

References

Please provide the names, addresses and occupations of two persons (not relatives) whom you have asked to act as your referees. Please indicate whether we can contact them prior to interview.

|  |  |
| --- | --- |
| Referee 1: | Referee 2: |
| Name: | Name: |
| Address: | Address: |
| Telephone: | Telephone: |
| Occupation: | Occupation: |
| Contact prior to interview: | Contact prior to interview: |

|  |  |
| --- | --- |
| Name a Contact Person from your clinical training organisation |  |
| Address of Training Organisation: |  |
| Telephone number: |  |
| Email address: |  |

To help us with our own monitoring please tell us where you found out about this vacancy:

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I certify that the information given on this form is correct

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form to:

Southwark Carers Counselling Service

3rd Floor, Walworth Methodist Church

54 Camberwell Road

London SE5 0EN

Monitoring Form

This is an entirely optional form. If you choose not to answer any or all of these questions.

Your application will be completely unaffected.

Our aim is to ensure that no applicant receives less favourable treatment than any other. Selection criteria and procedures will be kept under review to ensure that individuals are selected, promoted and treated solely on the basis of merit and relevant abilities. All employees will be given equal opportunity within the organisation. Applications from disabled people are welcome, but we regret that some of our premises are not wheelchair accessible.

We use the information on this form to ensure that our recruitment practices are reaching as wide a selection of people as possible, and to alert us to any possible discrimination or unhelpful policies or practices. The information recorded will be used to improve the recruitment and selection process.

When your application is returned, this page is detached and the information is not available to the Interview Panel.

How and when did you find out about us?

Date:

Gender:

Do you consider yourself to have a disability?

If yes, are you registered disabled?

In your own words, please describe your ethnic origin (e.g. Black Caribbean; Irish; White British)

Please tell us your age:

Southwark Carers Counselling Service

Volunteer Counsellor Agreement

Please note that this is not a contract of employment and this Agreement is not legally binding to either party. It is simply a means of highlighting our commitment to providing a rewarding and productive volunteering experience that is of mutual benefit to organisation and volunteer; and clarifying what that means to both parties.

*One copy to be kept by Volunteer Counsellor*

*One copy to be kept by Southwark Carers Counselling Service*

Name of Volunteer Counsellor (Block Capitals)

…………………………………………………………………….

Signed: ………………………… Dated: ............................…

*Volunteer Counsellor*

Signed: ………………………… Dated: .............................…

*Counselling Services Manager on behalf of Southwark Carers*

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*Counselling Services Manager on behalf of Southwark Carers*