



**Options Counselling & Information Service**  
**Head Office:- 147 Shirley Road,**  
**Southampton**  
**Hants SO15 3FH**

**Tel : 023 80 630219**  
**Fax : 023 80 390800**

**Personal Application Form – Volunteer Counsellor**

<b>SURNAME</b>	
<b>First Name(s)</b>	

- a) References (See Section 14) will be taken up before interview, unless instructed otherwise.
- b) For copying purposes, it would be useful if applicants could complete this application in type or black ink
- c) If the space provided for a particular section is not adequate, please attach an additional sheet with the question number clearly marked.

<b>Closing Date:</b> Please send completed application form to: Mrs N. Keeley Director Options Counselling & Info Service 147 Shirley Road Southampton Hants SO15 3FH	<b>Received:</b>	
	Ack:	
	Panel:	
	Int:	
	Inf. U/S:	
	Appt:	

## 1. PERSONAL DETAILS

Surname:	First Name:
Address:	
Home Tel:	Date of Birth
Work Tel:	

## 2. EDUCATION

Schools attended since age 14	Dates		Exams Passed	Year	Grade

Further or Higher Education, or Training (please state whether full or part-time)

Location	Dates		Exams Passed	Year	Grade

**3. EXPERIENCE OVER THE LAST 3 YEARS:**  
e.g. work, homemaking, child care, unemployment

**4. DESCRIBE SOMETHING IN WHICH YOU HAVE BEEN INVOLVED DURING THE LAST FEW YEARS WHICH HAS LEFT AN IMPRESSION UPON YOU:**

**5. WHAT DO YOU DO IN YOUR SPARE TIME?**

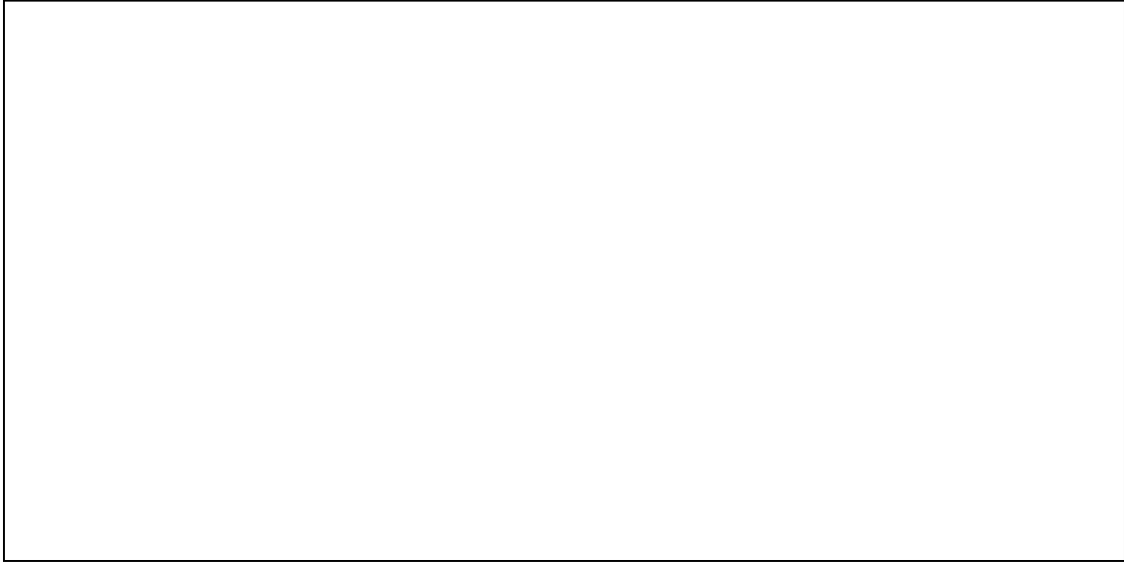
**6. DESCRIBE ANY COMMUNITY OR VOLUNTARY WORK YOU HAVE BEEN INVOLVED IN: (Not having done any voluntary work will not affect your application)**

**6a. WHAT DID YOU LIKE ABOUT 6?**

**6b. WHAT DID YOU DISLIKE ABOUT 6?**

**7. WHY DO YOU FEEL DRAWN TO COUNSELLING?**

**8. WHAT PERSONAL SKILLS AND QUALITIES DO YOU FEEL YOU CAN OFFER IN HELPING OTHER PEOPLE?**




**9. WHAT SITUATIONS OR EXPERIENCES DO YOU FIND IRRITATING OR UPSETTING?**



**10. ARE THERE ANY PARTICULAR TYPES OR GROUPS OF PEOPLE THAT YOU FEEL YOU WOULD FIND DIFFICULTIES WORKING WITH?**



**11. WHAT DO YOU CONSIDER ARE THE MOST IMPORTANT LESSONS LIFE HAS TAUGHT YOU ?**



**12. IS THERE ANYTHING ELSE YOU WISH TO SAY ABOUT YOURSELF?**



**13. DO YOU THINK THAT THERE ARE WAYS OTHER THAN COUNSELLING IN WHICH YOU COULD HELP IN THE SERVICE'S WORK?**



**14. REFEREES:** Please give names, addresses and telephone numbers of 2 people who have known you for a long time (not relatives)

<b>Name</b>	<b>Name</b>
<b>Address:</b>	<b>Address:</b>
<b>Tel. No:</b>	<b>Tel. No:</b>

**15. IF INVITED FOR INTERVIEW, WOULD YOU PREFER:** Delete as appropriate

MORNING / AFTERNOON / EVENING

**16. OTHER INFORMATION**

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>REHABILITATION OF OFFENDERS ACT 1974</b></p> <p>You are asked to note the following paragraph carefully and give any necessary information at interview:</p> <p>Because of the nature of the work for which you are applying, this position is exempt from the provisions of Section 4(2) of Rehabilitation of Offenders Act 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provision of the Act. N.B. Enhanced CRB checks will be undertaken on all staff paid &amp; unpaid who work for Options</p> <p>Any information given will be completely confidential.</p>	

<b>Signature:</b>	
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