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The following details will be kept **strictly confidential** and only released to the co-ordinator, administrator, and your allocated supervisor, upon acceptance to our services.

Please give as much information as possible when answering questions 1 to 7

**VOLUNTEER COUNSELLOR APPLICATION FORM**

SURNAME:……..…………..First name:…..……..……Initials…..

HOME ADDRESS ……………………………….… & POST CODE………..

TELEPHONE AT HOME (inc code) ……..….. - …………………………….

TELEPHONE AT WORK (inc code) …….….. - ……………………………

MOBILE TELEPHONE …………………………..

E-MAIL: ………………………………………………………………………

Your date of birth ………………………… Your Age …………

Have you ever been police checked?

If yes, when and where?

Please provide a copy if you do have one.

# Please answer the following 7 questions

1. **Why are you interested in working with bereaved people?**
2. **Have you had a major loss within the last two years?**
3. **What other events or experiences have been important to you?**
4. **What are your current/future weekly commitments?**
5. **Please give details of training, qualifications and/or experience**. Giving the name of schools/colleges/universities and type of approach, if you are studying on counselling courses.
6. **What is your ethnicity?**
7. **What languages do you speak in addition to English?**

## Please give two references:

**1 Personal Reference** (**Not** tutor of employer)

2 **Professional Reference** (Tutor or employer)

PLEASE RETURN THE COMPLETED APPLICATION FORM by email to paulopimentel@bbsonline.org.uk