



For better
mental health

Mind in Enfield
275 Fore Street
Edmonton
London N9 0PD

T: 020 8887 1480
F: 020 8887 1481
www.mind-in-enfield.org.uk

TRAINEE PLACEMENT APPLICATION FORM

Please type or write clearly in black ink. The completed application form must be returned to Mind in Enfield at the above address or emailed to

counselling@mind-in-enfield.org.uk

Personal Details

SURNAME:	FIRST NAME:
Home Address:	E-mail:
	Date of birth:
Telephone No. (day):	Telephone No. (evening):
Languages spoken	Languages able to use in counselling

If you would like to make a financial donation to support the work of Mind in Enfield please call 020 8887 1497

Accredited by the National Mind Quality Assurance Scheme

Registered Charity No. 1054539





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Education and Training

Please begin with your present or most recent qualification / training and work backwards

From	To	Name of institution and course(s)	Qualification(s) achieved

Counselling / Psychotherapy Training

Counselling /Psychotherapy Approach

Please give details of your training, models studied, and course requirements

(MiE provides counselling and psychotherapy in Integrative, Humanistic, and Psychodynamic modalities)

Name of Current Course:

Frequency of Course:

(How many hours/days per week)

Course Orientation and Model:



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Overall Length of Course:

Course start date:

How much of the course have you completed?

Are you currently actively working towards BACP/UKCP Accreditation / registration or equivalent?

Yes

No

Please specify:

How many supervised hours of face-to-face counselling/psychotherapy work with clients have you completed to date?

Please give details:

How many hours of skills development have you completed/did you complete as part of professional counselling/psychotherapy training?

Please give details:

How many hours of experiential group work have you completed/did you complete as part of professional counselling/psychotherapy training?

Please give details:

How many hours of theoretical study have you completed/did you complete as part of professional counselling/psychotherapy training?

Please give details:



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Did your training require you to have counselling/psychotherapy? Yes No
Please give details:

Have you had personal psychotherapy? Yes No
Please give details & dates (specify if training analysis/therapy as above):

Are you currently in personal therapy? Yes No
(At MiE you are expected to be in personal counselling / psychotherapy during your Placement period)

Please give dates, frequency, and duration of your current or prior experience as a counselling or psychotherapy client?

Does the college endorse your readiness for a placement? Yes / No

Name / contact details of your course leader:

BACP/UKCP membership No.

Student Yes / No

Accredited Yes / No



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Please provide other previous employers, including any voluntary work, with the next most recent first

From	To	Full / Part Time	Title and Brief Details of Post	Employer's name and place of work



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Additional Information

What is your understanding of mental health and mental illness?

Have you had experience of mental health issues and if not, how would you feel working with clients with severe emotional distress?

What do you think are important qualities to have or develop in order to work with clients from a range of cultures, class backgrounds, sexual orientations and beliefs?

SUPPORTING STATEMENT

Please include any relevant experience of using counselling skills in a professional capacity, i.e. workplace, community or voluntary setting.



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Please give details of any additional training you consider to be relevant. This may include training as part of work or as a volunteer or any other training, which receives no formal recognition. (Exclude your course details.)

I.T. Competencies

Please indicate how you rate your proficiency in the following areas of IT competency.

Proficiency in:	Never Used	Beginner	Intermediate	Advanced
Microsoft Word				
Microsoft Outlook				
Microsoft Excel				

Supervision

MIND in Enfield provides fortnightly supervision.

Please give details of any other supervision activities you are involved in as part of your training or other arrangements. Please provide the name and qualification of the supervisor.



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References

One of these should be your employer in your most recent position (paid or voluntary), and one should be your tutor/supervisor from your training organisation.

FIRST REFEREE DETAILS	Work Tel No.
Referees Full Name.	Fax No.
Relationship to you:	Mobile No.
Full Company Address.	
E-mail Address.	May we approach prior to interview? Yes / No

SECOND REFEREE DETAILS	Work Tel No.
Referees Full Name.	Fax No.
Relationship to you:	Mobile No.
Full Company Address.	
E-mail Address.	May we approach prior to interview? Yes / No



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Please complete the box below.

I confirm that to the best of my knowledge the information given on this form is true and correct.

Signature

Date

Please return the application form to:

By post:

**Counselling Service
MIND in Enfield
275 Fore Street
Edmonton
N9 0PD**

Tel 020 8887 1491

or by e-mail to:

counselling@mind-in-enfield.org.uk