First name:

Last name:

Date of birth:

Email:

Mobile phone number:

Street address:

Town:

County/Region:

Postcode:

Place of Study:

When do you finish your studies?

Qualification Level?

What appeals to you about the counselling profession?

How would you describe your approach to counselling?

How did you hear about FACT?

Do you hold a current in date DBS?

Yes

No

Do you hold a current Public liability Insurance cover?

Yes

No

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Are you a member of a national organisation? (BACP, UKCP, NCS etc)

Yes

No

Please highlight any previous counselling experience?

Are you currently on placement anywhere else?

Any further relevant information?

Availability

Please select which days you would be available to see clients.

Monday

Tuesday

Wednesday

Thursday

Friday