



Volunteer Counselling Placement ∞ Pegasus – Men's Wellbeing Centre CIC - 2021

NAME	
DATE OF BIRTH	
GENDER	
PHONE NUMBER	
EMAIL ADDRESS	
ADDRESS	
DBS CERTIFICATE NUMBER	
REGISTERED PROFESSIONAL BODY MEMBERSHIP NUMBER	
ETHNIC ORIGIN	
HOW DID YOU HEAR ABOUT OUR PLACEMENT OPTIONS	

Why would you like a placement with Pegasus – Men's Wellbeing Centre CIC?
What is your current client hours tally?
Please describe any counselling Qualifications (including Place of study, awarding body, date achieved, and level achieved):
Other relevant qualifications (e.g. Psychology) Place of study, awarding body, date achieved, and level achieved:



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Please include any personal, voluntary, or other relevant experience including placements:

Please describe your hobbies and interests:

What is your form of transport:

Please give the name and email of a character reference who has known you for at least one year whom we may contact. This person should work or relate to the Counselling Profession e.g. Tutor, Supervisor, etc:

Please give the name and email of a previous employer for a character reference who has known you for at least two years whom we may contact:

Please give an emergency contact – name, relation to you, phone number and address:

If you don't have a membership to a professional body, would you be willing to become member of the BACP or other professional counselling body:

If you do not have a DBS check, are you willing to undergo this process:

Can you confirm that you are able to commit to a minimum caseload of 2 clients:

Can you confirm that you will attend training provided by Pegasus – MWC:

Can you confirm you will attend monthly team meetings & group supervision/training (if needed):



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Can you confirm you are prepared (if required) to travel up to 15 miles radius:

Do you consent to Pegasus – MWC using my information to contact you?

Do you confirm the information you have provided within this form is correct?

If the applicant wishes, they may leave closing comment to be considered by the volunteer coordinator:

CANDIDATE NAME:

SIGNATURE:

DATE:

Please return to: beata@pegasusmenswellbeing.co.uk or via post: Carnon Building B, Wilson Way, Pool, TR15 3RS.