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| TRAINEE STUDENT PLACEMENT APPLICATION FORM |
|  | Please complete this form in full and return with a current CV by email to: **PeopleTeam@jerseyhospicecare.com** or by post to: **People Team, Jersey Hospice Care, Mont Cochon, St Helier, Jersey, JE2 3JB.** |
| **1 PERSONAL DETAILS**  |
| Title: |  | Name: |  |
| Address: |  | Post code: |  |
| Telephone numbers.  | Home: | Work: | Mobile: |
| Email address: (Note: we will use this to correspond with you) |  |
| Employment Status: |  |
| Nationality: |  |
| Languages spoken fluently: |  |
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| **2 HEALTH** |
| Do you have any health conditions that you would like to know about? |
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| **3 DISABILITY INFORMATION** |
| People with disabilities may require reasonable adjustments in the workplace to be able to perform their job efficiently. Please include details here: |
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| **4 BEREAVEMENT SUPPORT WORK** |
| Where are you currently studying for your diploma?Please also list any other counselling courses you have already completed, with dates: |
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| Describe any counselling work or volunteer experience that you have had to date: |
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| Are you a member of a governing body, such as BACP, UKCP etc.? if so, please provide details: |
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| **5 CRIMINAL CONVICTIONS**  |
| Please provide details of any criminal convictions recorded against you. All volunteers who will be helping with patient care will be asked to complete an additional form to enable us to carry out a DBS check |
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| **6 COURSES**  |
| Do you hold a Level 3 Safeguarding Adult and Child Certificate? | Yes / NoIf yes, when did you undertake it? |
| Have you attended the Jersey Hospice Care Bereavement, Grief, Loss, and Resilience workshop? | Yes / NoIf yes, when did you undertake it? |
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| **7 AVAILABILITIES**  |
| Are you able to commit to undertaking a placement between 9am to 5pm Monday to Friday? | Yes / No |

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| **6 REFERENCES** * Jersey Hospice Care will not approach your present employer prior to interview without your agreement. Referees should not be related to you.
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| Reference 1 – Tutor (Counselling-related) |  | Reference 2 – Personal  |  |
| Name: |  | Title: |  | Name: |  | Title: |  |
| Address: |  | Address: |  |
| Telephone number: |  | Telephone number: |  |
| Email address: |  | Email address: |  |
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| **10** **CONFIDENTIALITY AGREEMENT**  |
| As part of the Jersey Hospice Care team, you will be bound by the same code of practice and policies as the employed professional staff. All information relating to the treatment of patients must be treated with the utmost confidentiality. This applies to all information whether verbal or in writing, whether held on computer or overheard in conversation. Such information is not to be disclosed to anyone other than a Jersey Hospice Care colleague involved with the patient’s care. Breaches of confidentiality are taken very seriously. |
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| **11**  **APPLICANT’S SIGNATURE**  |
| * I confirm that all information contained in this application form is true and complete.
* I understand that any false statement or the withholding of information may result in the cancellation of my application to become a placement student counsellor at Jersey Hospice Care.
* I accept that as a Trainee Counsellor/Student I am bound by the above confidentiality agreement and the JHC confidentiality policy.
* I understand that Jersey Hospice Care will require a police reference check and a personal reference.
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| Signed: |  |
| Date: |  |