**[Centre Name]**
**Trainee Counsellor – Clinical Placement Application Form**
📍 *Confidential – for internal use only*
📅 **Academic Year: [Insert Year]**

**1. PERSONAL INFORMATION**

| **Full Name:** |  |
| --- | --- |
| **Date of Birth:** |  |
| **Home Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |

**2. EDUCATION & TRAINING**

| **Training Institution:** |  |
| --- | --- |
| **Course Title:** |  |
| **Awarding Body:** |  |
| **Current Year of Study:** | Year □1 □2 □3 □4 (please tick) |
| **Course Coordinator Name:** |  |
| **Coordinator Email / Phone:** |  |

**3. PROFESSIONAL MEMBERSHIP**

Are you a student member of a recognised professional body (e.g., IACP, IAHIP, APCP)?

* □ Yes  □ No
If yes, please specify:
**Organisation Name:** \_\_\_\_\_\_\_\_\_  **Membership No.:** \_\_\_\_\_\_\_\_\_

**4. PLACEMENT REQUIREMENTS**

| **Total Client Hours Required:** |  |
| --- | --- |
| **Supervision Ratio Required (e.g., 1:5):** |  |
| **Start Date Available:** |  |
| **Days Available (tick all that apply):** | □ Mon □ Tue □ Wed □ Thu □ Fri □ Sat |

**5. PREVIOUS EXPERIENCE (If applicable)**

Have you completed any previous placement or relevant experience?

* □ Yes  □ No
If yes, please briefly describe below:
**Organisation Name:**
**Dates:**
**Nature of Work:**

**6. PERSONAL STATEMENT**

Please provide a short paragraph (approx. 150–250 words) outlining:

* Why you are applying for a placement with [Centre Name]
* Your areas of interest within mental health
* What you hope to gain from the placement

**7. REFERENCES**

Please provide **two referees** (academic or professional). At least one must be from your training provider.

**Referee 1**
Name:
Relationship to Applicant:
Email:
Phone:

**Referee 2**
Name:
Relationship to Applicant:
Email:
Phone:

**8. DISCLOSURE**

Have you ever been convicted of a criminal offence or are there any charges pending?

* □ Yes  □ No
If yes, please provide details under separate cover (confidential).

**9. GDPR & DECLARATION**

☑ I understand that the information provided in this form will be used only for the purpose of evaluating my suitability for placement, in line with GDPR and [Centre Name]'s privacy policy.

☑ I certify that the information I have given is true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. DOCUMENT CHECKLIST (To be submitted with this form)**

* □ CV / Resume
* □ Proof of Student Membership (IACP, IAHIP, etc.)
* □ Letter from Training Institution confirming eligibility for placement
* □ Garda Vetting Certificate (or willingness to complete one)
* □ Professional Indemnity Insurance (or confirmation it will be in place prior to placement start)