****

**Practice Placement**

**for**

**HND Students**

**APPLICATION FORM**

**November 2021**

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone No:** |  |
| **Email Address:** |  |
| **Date of birth: (optional)** |  |

1. **PLACEMENT**

|  |  |
| --- | --- |
| **Where did you hear about Cruse Scotland placement opportunities?** | |
| **Why do you wish to undertake this placement?** (please tick all that apply) |  |
| 1. To work with Cruse Scotland as a volunteer *(****you will work with your local area****)* |  |
| 1. For your own Professional Development *(please specify)* |  |
| 1. To complete counselling practice hours for Qualification – how many? (minimum) |  |
| 1. Other *(Please specify)* |  |

1. **CURRENT TRAINING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Course**  **Organisation / training provider / Location** | **Length of Course**  **e.g. number of days/hours/years** | **HND. Dip F.E.**  **etc.** | **Is this your final placement?** | **When will you graduate your course?** |
|  |  |  |  |  |
| **Telephone Counselling/ Video Counselling training undertaken – please tell us** | **Name /Hours** |
|  |  |

1. **PREVIOUS TRAINING / QUALIFICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Counselling/Counselling Skills Qualifications or other relevant courses, please specify** | | | | |
| **Title of Course/Organisation/training provider** | **Length of Course (e.g. number of days/hours/years)** | **Grade/Level** | **Date of Award** | **Date completed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **SUPERVISION**

|  |  |
| --- | --- |
| **Supervision – you bring your own Supervisor & arrangements in place for supervision of your practice hours** | |
| **Name of Supervisor** |  |
| **Supervisor’s Email Address** |  |
| **Supervisor’s Phone Number** |  |

1. **SUPPORT FOR LEARNING**

For us to make adequate provision to support your learning please would you comment if any of the following apply to you:

|  |  |
| --- | --- |
|  | Comment |
| Blind/partially sighted |  |
| Hearing impaired |  |
| Dyslexia |  |
| Wheelchair user/mobility difficulties |  |
| Mental health difficulties/illness |  |
| Medical conditions |  |
| Other | |

1. **PREVIOUS EXPERIENCE IN HELPING ROLES - please share any related experience**

|  |  |
| --- | --- |
| 1. Organisation: | |
| Details: | |
| Period: | Role: |

|  |  |
| --- | --- |
| 2. Organisation: | |
| Details: | |
| Period: | Role: |

**8. PLEASE TELL US ABOUT ANY SIGNIFICANT BEREAVEMENT OR LOSS YOU HAVE EXPERIENCED:**

During the course, practice placement volunteers will be encouraged to work with their own experiences of loss. It is therefore generally recommended that people do not plan to undertake this course if they have recently experienced a significant bereavement (past 6-8months). Prospective trainees can discuss any concerns or questions they may have in confidence with a Cruse Scotland staff member prior to submitting this form. If you wish to do this, please contact our Volunteer Development Manager: [wendy.diack@crusescotland.org.uk](mailto:wendy.diack@crusescotland.org.uk)

|  |
| --- |
|  |

**9. SELF-ASSESSMENT STATEMENT**

To help us with the selection process we would ask you to write between 250-500 words stating why you would like to join us for your placement.

Areas to be included are:

* What qualities will I bring to the training course?
* What areas do I want to develop over the placement?
* What does death mean to me?
* How have I coped with bereavement in my life?
* What are my reasons for applying for this placement currently?
* How do I look after myself (include your support network and how you use it)?

|  |
| --- |
|  |

**10. REFERENCES**

|  |  |  |
| --- | --- | --- |
| Please give the names and addresses of two people - One may have known you for several years and are willing to act as referee. These should **NOT** be relatives or friends. **One should be from your current Course – tutor, teaching staff, trainer etc.** | | |
|  | **Referee 1** | **Referee 2** |
| Name: |  |  |
| Relationship to you: |  |  |
| Address: |  |  |
| Postcode: |  |  |
| Tel no(s): |  |  |
| Email address: |  |  |

**11. PVG CHECK**

It is a legal requirement that all our volunteers and staff working with bereaved adults (and children) are PVG (Protecting of Vulnerable Groups) checked. We will organise these as soon as possible.

Please indicate if you are already a PVG scheme member YES  NO

If yes, an update form together with appropriate ID will still be required.

|  |
| --- |
| If your application is successful and before starting the course, you will be invited to meet with an Area Manager for an informal interview. |

**Thank you for completing this form**

Please send application by email to: [training@crusescotland.org.uk](mailto:training@crusescotland.org.uk)

**Closing Date for applications Monday 1st November at 9am**

**We will acknowledge receipt of your application.**

**Over holiday periods this will be via an out of office receipt.**

**References will be taken up on receipt of your application.**

**Cruse Bereavement Care Scotland HQ, 29 Barossa Place, Perth, PH1 5HH**

**Tel No: 01738 444178 Website:** [www.crusescotland.org.uk](http://www.crusescotland.org.uk)