Volunteer Counsellor

Application Pack

March 2024

# Dear Prospective Volunteer Counsellor

Thank you for showing an interest in volunteering for Rochdale and District Mind’s Counselling Service.

If you would like to apply to become a volunteer counsellor with us, then please complete the attached application form and return by email to:

vickytaylor@rochdalemind.org.uk

If shortlisted, you will be invited for interview. Successful interviewees are DBS checked before work with clients can begin.

Rochdale and District Mind Background

Established in January 1988 our vision is to promote and protect good mental health and wellbeing for all. Our work enables people in Heywood, Middleton, and Rochdale to value and take care of their mental health. We will not give up until everyone experiencing a mental health issue gets both support and respect. We are affiliated to National Mind, but we are an independent charity who work in partnership with others to provide support, raise awareness and campaign locally to make mental wellbeing a priority. We believe that prevention is the solution that everyone can achieve mental wellbeing and that resilience is the key to sustaining it.

We have a BACP accredited counselling service offering various models of one-to-one talking therapies to clients. The criteria for referral to our service is that people are residents of Heywood, Middleton, or Rochdale over the age of eighteen and have mild to moderate mental health issues. Referrals can be made by the person themselves or through a GP or other health care professional.

We use a psychological monitoring and outcome systems to monitor progress and help aid recovery. Any new member of our staff team will receive a comprehensive induction into the service.

Enclosed in the information pack you will find:

* A volunteer counsellor job description and person specification
* A Volunteer Counsellor application form.
* Equal Opportunities information and monitoring form.

VOLUNTEER COUNSELLOR

JOB DESRIPTION & PERSON SPECIFICATION

JOB DESCRIPTION

Reporting to: The Counselling Services Manager.

Days: Commitment to volunteer as a counsellor for Rochdale & District Mind. Days to be determined in interview or availability of counselling rooms. Days to be the same weekly and rooms allocated.

Hours: To be able to deliver a minimum of two counselling sessions per week plus administration time, and to check-in with the counselling services manager when in the Wellbeing Centre.

Overall purpose of the role: To provide emotional and therapeutic support to clients. As an organisation delivering BACP Accredited services that has adopted the BACP ethical framework of good practice in Counselling and Psychotherapy, counsellors working within the organisation are dedicated to improving the mental health and well-being of the clients they work with.

Specifics of the role:

• To work with two clients (unless varied in agreement with the Counselling Services Manager), offering weekly 50-minute individual sessions

• To maintain case notes and manage own case load administration

• To provide regular data about their attendance, their clients’ attendance and their external clinical supervision and provide accurate and timely information for monitoring and reporting

• To take advantage of the professional support offered to them by Rochdale & District Mind and any other additional training provided on specific topics on working therapeutically.

• To respond to communication from the Counselling Services Manager or counselling service team promptly by checking their emails and voicemail regularly.

• To adhere to the organisation’s confidentiality and information sharing policy at all times.

Accepting a placement with Rochdale & District Mind means that you are always committing to work within the boundaries and procedures of the organisation and are required to familiarise yourself with the organisation’s policies and procedures.

PERSON SPECIFICATION

The person specification outlines the main criteria for the post and short-listing will be based on the following criteria. Please ensure that your application form clearly shows how you meet the criteria using experience gained either in paid or voluntary work.

Key criteria required to be successful in this role:

Qualifications:

You will be a fully qualified Counsellor, Therapist or Educational/Clinical Psychologist or studying towards one of these professions at the following levels with a fitness to practice certificate from your training institution:

* Diploma in Counselling (Level 4 or above), Degree, MSc or MA in Counselling, Counselling Psychology or Psychotherapy.

Experience:

• Counselling training must have, or have had, a therapeutic and personal development component rather than being purely theoretical or research based (as with Distance Learning courses).

• Understanding of the characteristics of a therapeutic relationship, ideally with experience or knowledge of humanistic or psychodynamic approaches.

Behaviours:

• Willingness to make a minimum commitment to offer two sessions per week for a minimum of 42 weeks per year unless agreed by the Counselling Services Manager.

• To work within the BACP Ethical Framework

• Identifies with Rochdale & District Mind’s mission, vision and is able to demonstrate Rochdale & District Mind’s values.

• To have a flexible approach to counselling and possess the ability to work with colleagues from other models of counselling /psychotherapy

• Emotionally robust and able to demonstrate self-awareness and self-reflection; ideally will have undertaken personal therapy (one-to-one or group therapy) to enhance this.

• An understanding of and awareness of Rochdale & District Mind’s equal opportunities policy and a personal commitment to equality of opportunity and anti–discriminatory practice in service delivery.

Personal Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | First Name(s): | | Surname: |
| Have you used any other names? Please specify: | | | |
| Address: | | Home Tel: | |
| Work Tel: | |
| Mobile no: | |
| Email Address: | | Preferred Method of Contact: | |
| Current Occupation: | | D.O.B | |
| Emergency Contact Name & Relationship to you: | | Emergency Contact tel no: | |
| Nationality: | | First Language: | |
| Are you entitled to work in the UK? | | Other Languages spoken: | |
| Any medical conditions or disabilities or anything that you think we should be aware of? Please give details: | | How did you hear about the Rochdale & District Mind? | |

**EDUCATION / QUALIFICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution | Course / Degree | Start Date | End Date | Result |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

PROFESSIONAL DEVELOPMENT – COMPLETED COURSES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution | Course / Degree | Start Date | End Date | Result |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

MEMBERSHIP / REGISTRATION WITH PROFESSIONAL BODIES

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Professional Body | Level / type of Membership | Registration  Number | Renewal Date |
|  |  |  |  |

PERSONAL THERAPY

Please give details about your own therapy.

|  |  |  |
| --- | --- | --- |
| Periods of Counselling e.g. Jan 2014 to Dec 2014 | Orientation of Counsellor / Psychotherapist | Number of personal therapy hours to date |
|  |  |  |

EMPLOYMENT HISTORY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates  (Month / year) | Name & Address of Employer | Position Held | Main Responsibilities | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
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PLACEMENT REQUIREMENTS

Please indicate the type of therapist you are:

|  |  |
| --- | --- |
| Trainee counsellor / therapist | ☐ |
| Qualified counsellor / therapist | ☐ |
| Qualified counsellor / therapist working towards accreditation. | ☐ |
| An accredited counsellor / therapist | ☐ |
| Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |

Rochdale and District Mind Counselling Service Opening Times

Monday 9am-8pm

Tuesday 9am-8pm

Wednesday 9am-8pm

Thursday 9am-7.30pm

Friday 9am-1pm

Please indicate your availability:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Times Available |  |  |  |  |  |

|  |
| --- |
| Please tell us your reasons for wanting to volunteer as a counsellor with Rochdale and District Mind and what would you like to gain from your volunteering experience? |

|  |
| --- |
| Please briefly share your therapeutic approach and the tools you use in counselling. |

Current Course Details (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of Institution | Degree / Course | Length of degree/course | Current year of study |
|  |  |  |  |
| Tutor’s Name: | Tutor’s email address: | Tutor’s Tel no: | |

Course Placement Requirements (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Total client hours required from this placement | Length of client work required e.g. short term, 40+ hrs, etc | Number of clients requested | Preferred Age range |
|  |  |  |  |

REFERENCES

We require applicants to provide us with the names and addresses of two referees who will be contacted should you be accepted after interview. The referees should be your current clinical supervisor, and your current trainer or employer.

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1 |  | Referee 2 |  |
| Name: |  | Name: |  |
| Job Title / Position: |  | Job Title / Position: |  |
| Relationship to you: |  | Relationship to you: |  |
| Email address: |  | Email address: |  |
| Tel no: |  | Tel no: |  |
| Address: |  | Address: |  |
| Postcode: |  | Postcode: |  |

DISCLOSURE OF CRIMINAL CONVICTIONS

As this voluntary placement will involve work with children, it is exempted from the Rehabilitation of Offenders Act 1974. Volunteers offered a placement at Rochdale & District Mind will be required to undertake an Enhanced Disclosure and Barring Service (DBS) check before the position is confirmed. The presence of a criminal record does not necessarily prevent voluntary work at Rochdale & District Mind.

I have nothing to declare ☐

I have information and I have given details ☐

on a separate sheet marked ‘Confidential’

DECLARATION

I declare that the information I have given is accurate and correct and that any false or misleading information given on this form may lead to the offer of a clinical placement being withdrawn or lead to termination of the clinical placement.

I agree that personal data relating to me, which has been obtained by Rochdale and District Mind, including personal data given by me on this form, may be held and processed either on computer or in manual records. It may be disclosed to authorized employees of Rochdale and District Mind for any purpose relating to this application. I give permission for the storage and processing of personal information by Rochdale and District Mind.

Signed:.............................................................................................................................

Dated:................................................................................................................................

Please complete and return this form by email ONLY to:

Vicky Taylor, Counselling Services Manager: [vickytaylor@rochdalemind.org.uk](mailto:vickytaylor@rochdalemind.org.uk)

**Monitoring Information**

We collect the following information so we can monitor how far our team represents the diverse communities of Rochdale, and work towards fair recruitment for all groups.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How would you describe your age? | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | ☐ 0 – 24 years | |  | ☐ 25 – 44 years | | ☐ 45 – 64 years | |  | ☐ 65+ years | |  |  |  | ☐ Do not wish to state | | | | | | | |
| How would you describe your gender? | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | ☐ Female | |  | ☐ Male | | ☐ Non-binary  ☐ Do not wish to state | |  | ☐Other (please state): | |  |  |  |  | | | | | | | |
| Do you identify as transgender?  ☐ Yes ☐ No ☐ Prefer not to say | | | | | | |
|  | | | | | | |
| How would you describe your ethnic origin? | | | | | | |
| White: | ☐ White British | | | Black: | ☐ Black African | |
|  | ☐ White Irish | | |  | ☐ Black Caribbean | |
|  | ☐ Gypsy or Irish Traveller | | |  | ☐ Black Other: |  |
|  | ☐ White Other: | |  | Mixed: | ☐ White and Black Caribbean | |
| Asian: | ☐ Pakistani | | |  | ☐ White and Black African | |
|  | ☐ Bangladeshi | | |  | ☐ White and Asian | |
|  | ☐ Chinese | | |  | ☐ Mixed Other: |  |
|  | ☐ Indian | | | Other: | ☐ Arab | |
|  | ☐ Asian Other: |  | |  | ☐ Other ethnic group (please state): | |
|  |  | | |  |  | |
|  | ☐ Do not wish to state | | |  |  | |

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| --- | --- | --- | --- | --- |
| How would you describe your sexual orientation? | | | | |
|  | ☐ Heterosexual | |  | ☐ Bisexual |
|  | ☐ Lesbian | |  | ☐ Gay |
|  | ☐ Other: |  |  | ☐ Do not wish to state |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability? | | | | |
|  | ☐ Mental health condition |  | ☐ Other: |  |
|  | ☐ Physical disability |  | ☐ No disability | |
|  | ☐ Learning disability |  | ☐ Do not wish to state | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How would you describe your religious beliefs? | | | | |
|  | ☐ None | |  | ☐ Muslim |
|  | ☐ Christian | |  | ☐ Sikh |
|  | ☐ Buddhist | |  | ☐ Jewish |
|  | ☐ Hindu | |  |  |
|  | ☐ Other: |  |  | ☐ Do not wish to state |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How would you describe your relationship status? | | | | |
|  | ☐ Married | |  | ☐ Single |
|  | ☐ Co-habiting | |  | ☐ Civil partnership |
|  | ☐ Other: |  |  | ☐ Do not wish to state |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How would you describe your residency status? | | | | |
|  | ☐ British citizen | |  | ☐ Asylum seeker |
|  | ☐ EU National | |  | ☐ Foreign student |
|  | ☐ Refugee | |  | ☐ Destitute |
|  | ☐ Other: |  |  | ☐ Do not wish to state |

Have you served in the Armed Forces? Yes ☐ No ☐

Are you a carer? Yes ☐ No ☐

Do you have lived experience of mental health or emotional wellbeing problems?

☐ None ☐ Self ☐ Close friend or family

Have you ever used the services provided by Rochdale and District Mind?

☐ Yes ☐ No ☐ Prefer not to say