

**The SWAN Project**

1 Fairlawn Road,  Montpelier,   Bristol   BS6 5JR

0117 924 7154

Registered Charity No: 1122634

**Application for Placement**

Date:

Name: Age:

Address:

Contact Number/s:

E-mail:

Training Organisation:

Orientation of training (person-centred/psychodynamic etc) :

Details of Current Course:

What do you hope to gain from having a placement here?

What personal qualities/ strengths do you have?

What qualifications do you already have?

Have you received therapy in the past or present?

Do you have experience of working with vulnerable individuals?  Please give details.

The Project operates 7 days a week, between 9am and 8pm.  What times would you be available?

When would you be looking to start your placement?

Please provide two written references from someone who can vouch for your competence in counselling. Please note the name, contact address and your relationship with them below.

Referee 1 Name:

Address:

Tel:

Relationship:

Referee 2 Name:

Address:

Tel:

Relationship:

Thank you for taking the time to complete this application form.