**Counselling Placement Application Form**

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| Why would you like a placement with Dose of Nature? |

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| First Name:  | Surname:  |
| Telephone number (day): | Telephone number (evening):  |
| Email address:  |
| Home address:  |
| Date of Birth (necessary for DBS application):  |

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| Please give details of any practical counselling experience: |

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| What life experience (s), if any, may have an influence on your role with Dose of Nature |

**References**

Please supply the names and contact details of two referees (not a relative) who may be contacted by us. We will only contact your referees once we have met you.

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| Full Name: | Full Name: |
| Telephone number: | Telephone number: |
| Email:  | Email: |

*Email the completed form to* info@doseofnature.org.uk