**Counselling Placement Application Form**

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

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

|  |
| --- |
| Please give details of any practical counselling experience: |

|  |
| --- |
| 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.

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

*Email the completed form to* [info@doseofnature.org.uk](mailto:info@doseofnature.org.uk)