| **STUDENT PLACEMENT APPLICATION FORM** |
| --- |
| Name |  | Mobile |  |
| Address |  |
| Email |  |

| **TRANSFERRABLE KNOWLEDGE AND SKILLS** |
| --- |
| Qualifications achieved Training undertaken |  |
| Current / previous / voluntary work |  |
| Describe your computer skills |  |
| Languages spoken |  |

| **ON A TRAINING COURSE?** |
| --- |
| Training institution |  | Course day |  |
| Name of course |  | Course length |  |
| Requirements (hours needed/client capacity) |  | Year | 1st / 2nd / 3rd / 4th |
| Counselling approach |  |
| Previous placements |  |

| **AVAILABILITY FOR COUNSELLING SESSIONS** |
| --- |
| **✔ or x** | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| morning |  |  |  |  |  |  |
| afternoon |  |  |  |  |  |  |
| evening |  |  |  |  |  |  |


### Equal Opportunities Monitoring Form

Lot 36 Counselling Agency is committed to promoting equality, diversity, and inclusion. To ensure we uphold these values, we collect data to monitor the effectiveness of our policies. This information is confidential and will only be used for statistical purposes in compliance with data protection laws. It will not be linked to your application.

**1. Gender**

☐ Male

☐ Female

☐ Non-binary

☐ Prefer not to say

**2. Age**

☐ Under 18

☐ 18–24

☐ 25–34

☐ 35–44

☐ 45–54

☐ 55+

☐ Prefer not to say

**3. Ethnic Background**

☐ White

☐ Black, African, Caribbean, or Black British

☐ Asian or Asian British

☐ Mixed or Multiple Ethnic Groups

☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_

☐ Prefer not to say

**4. Disability**Do you consider yourself to have a disability or long-term health condition?
☐ Yes
☐ No
☐ Prefer not to say

**Thank you for completing this section. Your responses help us ensure equal opportunities for all applicants**

 **Please attach a copy of your CV to this page or attach it in an email along with this form.**

 **Paste a copy of your CV on this page.**