



**PO Box 54 Machynlleth SY20 0AJ
01654 700659 / 0845 4561657
E-mail: serenaberystwyth@hotmail.com**

Volunteer Counsellor Application Form
Please return this form to the address above.

Name:

Address:

Telephone:

Email:

Relevant qualifications: (Please enclose a copy of your Diploma in Counselling)
Date. College. Qualification.

Relevant experience:

Continue over the page

Relevant experience continued

Do you have any criminal convictions? Yes/No

(Any information given will be strictly confidential. Disclosure of conviction does not necessarily mean that you will not be accepted as a volunteer).

If yes, please give details:-

Please say why you want to become a Seren counsellor:-*(You may continue on a separate sheet if you wish).*

Please provide details of two people we can approach for a reference:-

Name: -

Address: -

Phone: -

Name: -

Address: -

Phone:-

Please return form to the address at the top of page one by