



**Chrysalis Centre for Change**  
Supporting Positive Mental Health

## STUDENT PLACEMENT APPLICATION FORM

All data will be held in the strictest of confidence in compliance with the Data Protection Act 1998 and the General Data Protection Regulation 2016.

### PERSONAL DETAILS

<b>Title:</b>	<input type="text"/>	<b>Forename:</b>	<input type="text"/>
<b>Surname:</b>	<input type="text"/>		
<b>Address:</b> <i>(including postcode)</i>	<input type="text"/>		
<b>Email:</b>	<input type="text"/>		
<b>Preferred Contact Number:</b>	<input type="text"/>		

### COURSE DETAILS

<b>Name of College / University:</b>	<input type="text"/>
<b>Address:</b> <i>(including postcode)</i>	<input type="text"/>
<b>Tutor's Name:</b>	<input type="text"/>
<b>Tutor Contact details:</b>	<input type="text"/>
<b>Course Name:</b>	<input type="text"/>
<b>Start Date:</b>	<input type="text"/>



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## PROFESSIONAL REQUIREMENTS

Requirement	Yes	No	In Progress
<b>Do you have a Fit to Practice letter from your course provider?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please provide the date you obtained your Fit to Practice Letter</i>			
<b>Do you have a Professional Supervisor in place?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please provide the full name of your Supervisor</i>			
<b>Are you a Student Member of the BACP?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have Professional Indemnity Insurance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have a current DBS check or subscription to the Update Service?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have a Placement already in place</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please provide details of current placement</i>			
<b>CCC opening hours are Mon to Fri 9am to 4pm. Please tell us your availability between these hours.</b>			

Most of our appointments take place on the first floor up a steep flight of stairs.

Do you have any mobility issues that would prevent you from using the stairs?      Yes       No

Please describe below your understanding of the work undertaken at the **Chrysalis Centre for Change**



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## YOUR PLACEMENT

Please tell us why you would like to apply for a placement at **CCC**, what you hope to gain and what you feel you have to offer **CCC**?

**Commitment:** Initially we can offer students two client hours with options to increase this later in your placement with approval from your Tutor and Supervisor. Please describe your understanding of committing to your placement hours.

**Team Work:** We welcome students on placement as part of the **CCC** team, offering you any available training, Continuous Professional Development sessions and participation in team meetings. It is important that everyone at **CCC** is able to work well with others. Please explain your ability to work within a team and understanding of team working as part of your placement experience.

Signed:

Date:

Thank you for completing this application form and for your interest in a placement at **CCC**

**Please return this application form by post to:** Manager, Chrysalis Centre for Change, Peter Street Centre, Peter Street, St. Helens, Merseyside WA10 2EQ **Or email:** [chrysaliscentreforchange@gmail.com](mailto:chrysaliscentreforchange@gmail.com)



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## EQUAL OPPORTUNITY MONITORING

**Chrysalis Centre for Change (CCC)** is an equal opportunity organisation. **CCC** want to ensure that no applicant receives less favourable treatment on the grounds of race, colour, nationality, marital status, sexuality, age, trades union activity, disability, political or religious belief, or is disadvantaged by conditions or requirements which cannot reasonably be shown to be justifiable.

### Monitoring: Placement Applicant's Form

In order to ensure the successful development of this policy in relation to recruitment and selection, all applicants are requested to fill in the appropriate details as shown below.

**The information you supply will be treated as strictly confidential and will only be used for monitoring purposes. Copies will not be available to the member of staff interviewing you for a placement.**

1. **What is your Date of Birth?** \_\_\_\_\_

2. **Please indicate your ethnic origin** (Please tick the appropriate box.)

**White:** British  Irish  Any other White background

**Mixed:** White & Black Caribbean  White & Black African  White & Asian   
Any other mixed background

**Asian or Asian British:** Indian  Pakistani  Bangladeshi  Other Asian background

**Black or Black British:** Caribbean  African  Any other Black background

**Chinese or other ethnic group** Chinese  Other

Prefer not to say

3. **Please identify your marital status** (Please tick the appropriate box.)

Married  Single  Civil/Live-In Partner  Separated  Divorced  Widowed   
Prefer not to say

4. **Are you disabled?** (Please tick the appropriate box.) Yes  No  Prefer not to say

5. **What is your culture, belief or religion?** (Please tick the appropriate box.)

Atheist  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh   
No culture, belief or religion  Prefer not to say

Any other culture, belief or religion, please state: .....

6. **What is your sexual orientation?** (Please tick the appropriate box.)

Heterosexual  Gay/Lesbian  Bisexual  Other  Don't Know  Prefer not to say

7. **Have you ever identified as transgender?** Yes  No  Prefer not to say

- Thank you -