

3. COUNSELLING EXPERIENCE:

Dates	Venue	Hours	Issues dealt with

4. BRIEFLY DESCRIBE YOUR UNDERSTANDING OF WHAT SKILLS YOU FEEL ARE NEEDED WITHIN A COUNSELLING RELATIONSHIP? (give reasons for your answer)

5. WHY ARE YOU APPLYING FOR THIS ROLE?

6. OTHER RELEVANT EXPERIENCE.

7. BRIEF HISTORY OF YOUR CHRISTIAN EXPERIENCE

Please give details of how and when you became a Christian and your growth since then.

8. NAME OF CHURCH (Plus town):

9. BRIEFLY EXPLAIN ANY EXPERINCE YOU HAVE WORKING WITH CHILDREN AND YOUNG PEOPLE:

10. NAME AND ADDRESS OF TWO REFERREES, ONE OF WHOM SHOULD BE YOUR CHURCH LEADER, MINISTER OR ELDER.

11. WHICH CLIENT GROUP ARE YOU INTERESTED IN WORKING WITH?

CHILDREN

ADULTS

BOTH

I declare that to the best of my knowledge all the above information is correct.

Signature:

Date: