**Application Form**

**Specialist training for Counsellors and Psychotherapists**

**Personal Details**

Name:

Address:

Phone No.

Email address

Please give details of your reasons for applying for the training

Professional Training in Counselling / Psychotherapy (Give details)

Level of Personal ProcessWork Completed (individual or group therapy)

Experience in working as a Counsellor / Psychotherapist to date (paid or unpaid)

Give details of any involvement in other organisations or in other voluntary /community groups

Existing knowledge / experience of the sexual violence area

Any life experiences you think would be relevant to the training

Any other information or comments

How did you hear about volunteer / the training?

Please return completed application form by Friday the 14thof September 2018 to:

clinicalservices@grcc.ie or

The Clinical Manager

Galway Rape Crisis Centre,

The Lodge

Forster Court

Galway