

This form is confidential to those who administer
the *Churches' Ministerial Counselling Service*

Churches' Ministerial Counselling Service

Application to be an Area Co-ordinator with the *Churches' Ministerial Counselling Service*

Section 1 : Personal Details

1.1 Name Title

 Address

 Postcode

 Phone: Home Mobile

 Email: @

 Denomination (if any)

Section 2: Organisational skills

2.1 Please give details of relevant experience.

2.2 In particular, do you have experience and/or training in dealing with telephone enquiries? (Please give details)

- 2.3 Tell us about your experience of using email – what is important to ensure good email communication

Section 3: Understanding of Counselling

Please note that applicants are not required to be counsellors themselves, but that some understanding of current methodologies of counselling will be an advantage. No Area Co-ordinator, even if he/she is a trained counsellor, will be accepted as a registered counsellor within the scheme.

Please give brief details of the background and experience which you believe make you a suitable candidate.

Section 4: Practical details

- 4.1 From what base would you expect to operate - home address as above or other? (If other, please give details. In either case, will you be able to deal with calls without interruptions?)

- 4.2 Clients may phone at unsocial hours. Please indicate how you would manage this.

- 4.3 Please detail your arrangements for keeping client records confidential, particularly anything on paper. (CMCS is introducing protocols for electronic data protection)

Section 5

- 5.1 Name, address, telephone number and email address of Referee who can comment on your suitability to undertake this task

- 5.2 Do you affirm your respect for the distinctively Christian context from which clients would come, and their particular denominational tradition?

Yes No

- 5.3 Do you hold any office in your denomination or any Church structure which would give you a conflict of interest in receiving enquiries about counselling from a Minister or his/her household? If so please give details.

Yes No

Formal Declaration

I have read the Data Protection Privacy Notice which has been provided to me and acknowledge that the information I have supplied will be processed according to that statement for the purpose of the application process; and that if I am appointed it will be processed for the effective running of the Service. I realise that I can ask you to cease to process my data at any time, but if I do so I will no longer be able to serve as a CMCS Area Co-ordinator.

By typing your name here you are signing this form and confirming that all details given on it are to the best of your knowledge correct at the time of application

Date

Please email the completed application to the Service Coordinator: sc.cmincs@gmail.com

Enclosures: **Area Coordinator Role Description and Person Specification**
CMCS Privacy Notice for Participants