

# TELEPHONE COUNSELLING TRAINING APPLICATION FORM

**LifeLine requires your name, address and phone number to process your application.**

Other personal information on this application is used for interview planning and training purposes.  
(LifeLine is an English speaking service and all training will be in English)

**Before you complete this form;** “Lifeline is aware that applicants with a reasonable level of life experience are able to respond to, and gain to a greater degree from our counseling training. Our preference therefore, is for applicants who fill this criteria, and whom we believe are best suited to respond to the needs of Lifeline callers.”

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

<b>CONTACT NOS.:</b>	(H)	(W)	(Mob)
	FAX	EMAIL	

<b>MARITAL STATUS</b>	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	DEFACTO <input type="checkbox"/>
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<b>DATE OF BIRTH</b>	<b>CHILDREN</b>	M	F	<b>OCCUPATION:</b>
	No. LIVING WITH YOU			HOW LONG:

<b>HEALTH</b>	CURRENT PHYSICAL IMPAIRMENT	ANY EMOTIONAL ILLNESS	OTHER HEALTH ISSUE OF WHICH LIFELINE SHOULD BE AWARE
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<b>ETHNICITY</b>	PAKEHA <input type="checkbox"/>	MAORI <input type="checkbox"/>	PACIFIC ISLAND <input type="checkbox"/>	ASIAN <input type="checkbox"/>	OTHER <input type="checkbox"/>
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<b>N Z QUALIFICATIONS AUTHORITY</b> (see attached sheet for details)	I wish to register for NZQA training <input type="checkbox"/>
	I am on the NZQA Framework – My No is: _____
<b>COMMUNITY TRAINING</b> (see attached sheet for details)	I wish to register for Community Training <input type="checkbox"/>

**OTHER DETAILS**

1. HAVE YOU UNDERTAKEN OR ARE YOU CURRENTLY UNDERTAKING OR PLANNING ANY STUDIES RELATING TO COUNSELLING AND / OR SELF-AWARENESS: YES  NO

1.1 IF YES, PLEASE DETAIL: DESCRIPTION: \_\_\_\_\_

WHERE: \_\_\_\_\_

DATE: \_\_\_\_\_

QUALIFICATION (NOT ESSENTIAL) \_\_\_\_\_

2. HAVE YOU WORKED IN ANOTHER COUNSELLING SERVICE; IF SO PLEASE GIVE DETAILS

\_\_\_\_\_

\_\_\_\_\_

3. HAVE YOU BEEN DECLINED FOR SERVICE WITH ANOTHER COUNSELLING AGENCY? IF SO PLEASE GIVE DETAILS

\_\_\_\_\_

\_\_\_\_\_



9. DO YOU ANTICIPATE ANY MAJOR CHANGES WITHIN THE NEXT TWO YEARS HONOURING THE COMMITMENT DETAILED BELOW. (IE: CHANGES IN WORK, STUDY, FAMILY COMMITMENTS, TRAVEL)

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**PLEASE GIVE THE FOLLOWING DETAILS CAREFUL CONSIDERATION:**

**COMMITMENT TO THE LIFELINE SERVICE**

Lifeline provides a 24 hour Telephone Counselling Service.

When offering for this work, volunteers' commitment includes:

- 3 PHONE DUTIES PER MONTH
- ATTENDANCE AT A MONTHLY SUPERVISION GROUP
- 3 IN-SERVICE TRAINING DURING A 12 MONTH PERIOD

**DECLARATION**

*I have read and understood the above statement and enclosed material. If accepted into the Lifeline agency at the completion of my training, I agree to give two years service, to the best of my ability.*

*I give my permission for my contact details and academic results to be transferred to the NZQA when assessed as competent*

**SIGNATURE\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Notes**

\* You will be required to sign this application form & complete a police check consent form on the interview night. Please also bring a passport photo with you.

**REFEREES**

Please give names of two people *who know you well* from whom we can obtain a reference. Not relatives, defacto or members of Lifeline. (An Auckland address)

<b>NAME:</b> _____	<b>NAME:</b> _____
<b>ADDRESS:</b> _____ _____	<b>ADDRESS:</b> _____ _____
<b>PHONE:</b> _____	<b>PHONE:</b> _____

Where did you hear about LifeLine?  Newspaper: \_\_\_\_\_  Radio  Other: \_\_\_\_\_

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**OFFICE USE ONLY**

Ref sent: (date)

Ref received: (date)