Stafford & District Bereavement & Loss Support Service
150 Weston road
Stafford
ST16 3RU
Tel: 01785 273768
e-mail: sdblss@hotmail.co.uk
www.staffordbereavementsupport.org.uk

SD B&L SS

Caring & Confidential

APPLICATION FOR TRAINING PROGRAMME

Date …………………

Title & Full Name: ……………………………………… D-o-B: ……./……./………

Address: ……………………………………………… Tel: ……………………….................

……………………………………………… Mob: ……………………………………….

……………………………………………… Email: …………………………………….…

Post Code: ………………

What attracts you to the Bereavement & Loss service? *(Use a separate sheet if req'd)*

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Do you have any other voluntary commitments? If so please give details.

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Are you currently enrolled on a course of study? If so please give name of educational establishment and course details.

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Please give examples of how you use your listening skills in everyday life e.g. Empathy etc.
(Use a separate sheet if req'd)

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What significant bereavements or losses (if any) have you experienced in recent years?

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If you were invited to work as a volunteer for Bereavement & Loss, how many hours a week would you be realistically able to offer the service?   …………………

Please give the names & addresses of two referees who may be approached in support of your application. One should be a **professional reference** e.g. your employer or recent tutor & one a **character reference** from someone who has known you for more than three years.

Professional Referee	Character Referee

Please be aware that completion of the training course DOES NOT guarantee you will be offered the opportunity to work as a volunteer for SDBLSS. All volunteers are expected to commit to a total of at least 50 hours client work (if applying as Counsellor – not required for those training as Bereavement Listener/Supporter).

Thank you for taking the time to complete this application form.
Please return it to 'The Administrator' at the above address.