

Student Placement Application



Contact Information

Name	
Street Address	
Town or City	
Mobile Phone	
Work Phone	
E-Mail Address	

Availability

When are you available to do your placement, please 'x'.

Time/ Day	M	T	W	T	F	S	S
AM							
PM							
EVE							

Notes. Please state any specific weeks or months in the year that suit you best.

Interests

Tell us the areas that interest you for placement, please 'x'.

Administration	Project work (general)
Research (see note below)	Holistic (please state)
Qualified counselling hours	Other (please state)

Notes.(If you are looking to do college approved research please email with this application, your proposal, ethical approval if appropriate and all contact details. Coolmine clinical group meets quarterly to consider research proposals.)

Please tell us briefly why do you want to do your placement with Coolmine?

--

Please tell us briefly what you hope to gain from your placement experience with us?

--

Special Skills or Qualifications

State briefly special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

--

Previous relevant work, placement or Experience

State briefly your previous relevant experience.

--

Person to Notify in Case of Emergency

Name	
Street Address	
Town or City	
Mobile Phone	
Work Phone	
E-Mail Address	

References (1 college and 1 personal)

First Name	
Mobile Phone	
E-Mail Address	

Second Name	
Mobile Phone	

E-Mail Address	
----------------	--

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Please note that Garda Vetting is a requirement for some placement roles within our organisation. It is Coolmine policy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

'I confirm that I have read and understand the CTC Code of Conduct and that I will abide by all provisions of that code for the duration of my work with Coolmine'.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in doing a placement with us. Please return by email to info@coolminetc.ie



Coolmine Therapeutic Community

Self Declaration Form

For the Protection of vulnerable groups

Private & Confidential: Please read this section.

The position that you have applied for will, or may, involve you working with vulnerable adults and or children. In order to protect these people, yourself and Coolmine you are required to disclose all convictions (spent and unspent), cautions, and any relevant non-conviction information. Please give details regarding any convictions and cautions under the heading in Section 1, and any relevant non-conviction information in Section 2. Please sign the declaration form Section 3. If any section or part of section is not relevant please do not leave blank, this may hold up your application, write N/A (Not applicable).

If you wish to discuss the form in confidence, please contact the volunteer/ student placement officer or HR. All information is treated in strictest confidence.

Section 3

Declaration (I certify that all information contained in this form is true and correct to the best of my knowledge and realise that false information or omissions may lead to dismissal or withdrawal of any offer of employment/volunteering).

Name: _____ **Signature:** _____ **Date:** _____

NOTE: The information given in this form will be treated in the strictest confidence.

Thank you for completing this application form and for your interest in volunteering with us.