Social Prescriber CYP Link worker application 

form v3.2

CYP Social Prescribing Link Worker

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| --- | --- |
| **Role:**  | **Date:**  |

*This form is for salaried roles (not voluntary placements). Please complete in full. Curriculum vitae will not be accepted as a substitute. Please complete electronically. Boxes will expand as you type. Add more rows to tables as required.*

|  |  |
| --- | --- |
| Surname:  | First name:  |

|  |  |
| --- | --- |
| Address:  | Home tel no:  |
| Mobile tel no:  |
| Work tel no:  |
| Email:  |
| Languages spoken:  |  |
| Where did you see this post advertised?  |  |

# Education and training

Please give details of education and qualifications obtained from secondary school, further and higher education, listing the most recent first. Successful applicants will be required to provide proof of qualifications (if applicable).

|  |  |  |
| --- | --- | --- |
| Place of study  | Dates  | Qualification *please state subject & grade*  |
|   |   |   |
|   |   |   |
|   |   |   |

# Current Employment

|  |  |
| --- | --- |
| Name of current/most recent employer:  |   |
| Job Title:  |   |
| Date from (dd/mm/yyyy):  |   |
| Date to (dd/mm/yyyy) (if applicable):  |   |
| Period of notice required (if applicable):  |   |

The Counselling & Family Centre, 40 Mayors Road, Altrincham, WA15 9RP

0161 941 7754 | appointments@thecfc.org.uk | www.thecfc.org.uk

Company no. 07003266 | Registered charity no. 1133079

|  |  |
| --- | --- |
| Reason for leaving (if applicable):  |   |
| Please provide brief details of duties and responsibilities:  |   |

# Previous Employment

Please give employment details for other jobs held (last 3 jobs or last 10 years), listing the most recent first.

|  |  |  |
| --- | --- | --- |
| Employer’s name, location and nature of business  | Dates  | Job title, outline of duties and reason for leaving  |
|   |   |   |
|   |   |   |
|   |   |   |

# Voluntary work

Please give details of any voluntary work you have undertaken.

|  |  |  |
| --- | --- | --- |
| Organisation  | Dates  | Role  |
|   |   |   |
|   |   |   |
|   |   |   |

# Counselling or social work training

Please give details of your training to date including courses or specialist training undertaken, listing the most recent first.

|  |  |  |
| --- | --- | --- |
| Place of Study  | Dates  | Qualification *please state subject & grade (if applicable)*  |
|   |   |   |
|   |   |   |
|   |   |   |

# Counselling or social work experience

Please outline your Social Work/ counselling experience.

|  |  |  |
| --- | --- | --- |
| Organisation  | Dates  | Client/supervisory hours  |
|   |   |   |
|   |   |   |
|   |   |   |

# Membership of professional bodies

Please give details of any professional bodies of whom you are or have been a member.

|  |  |  |
| --- | --- | --- |
| Name of professional body  | Dates  | Category/grade of membership  |
|   |   |   |
|   |   |   |

# Supporting statement

Please use this space to provide additional information as to how you meet the person specification for this role. Space expands as you type. We recommend your supporting statement is between 250 – 550 words approximately

|  |
| --- |
|   |

# Eligibility to work in the UK

Current legislation means that it is a criminal offence to employ a person who is subject to immigration control, unless he or she has documentary proof showing an entitlement to work in the UK. If selected for interview you will be asked to provide proof of your work entitlements.

Do you have an entitlement to work in the UK? Yes ☐ No ☐

# Rehabilitation of Offenders Act 1974

Because of the nature of some aspects of the work which you may undertake on behalf of The Counselling & Family Centre, this position is exempt from the provision of Section 4 (ii) of the Act by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provision of the Act. Any failure to disclose such convictions could result in the withdrawal of approval to work within The Counselling & Family Centre.

|  |  |
| --- | --- |
| Declaration: have you at any time received, or do you have pending, a caution, bind-over, reprimand, final warning, conviction or other relevant information?  | Yes ☐ No ☐  |

Do you have any previous offences/s? If so, please give details as set out in Appendix A at the foot of this application.

|  |
| --- |
| As the work of the Centre is of an extremely sensitive nature would you be prepared to undergo an enhanced DBS check? Yes ☐ No ☐ A criminal conviction does not mean you are automatically unsuitable to work at The Counselling & Family Centre  |
| Have you ever been dismissed from a place of employment or a voluntary organisation? Yes ☐ No ☐ If yes, give details below. This does not mean you are automatically unsuitable to work at The Counselling & Centre.  |
|   |

# Additional information

Please let us know below if, due to a disability or ill health, we need to make any special arrangements to facilitate your interview or working with us.

# References & agreement

Please give the name, telephone number and the email address for two people who have agreed to act as referees for you. One referee should be your current or most recent employer.

We will only contact referees should you be successful at interview.

|  |  |
| --- | --- |
| Referee name:  | Referee name:  |
| Position:  | Position:  |
| Organisation:  | Organisation:  |
| Telephone no:  | Telephone no:  |
| Email:  | Email:  |

|  |  |
| --- | --- |
| Signed:  | Date:  |

Please check that to the best of your knowledge, all information given on this form is correct. To deliberately give false or incomplete information may make you liable to dismissal.

Please email the completed Application form, Appendix (if applicable) and Equality monitoring form to:

recruitment@thecfc.org.uk

Appendix A

This part of your application will be retained confidentially and only viewed by designated personnel.

Please complete this form if you have previous convictions whether, they are “spent” or not.

Please place this page is a separate email marking it:

“Confidential – Appendix to application form from [*your name*]”

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of Offence(s) (i.e. conviction, caution, bind– over, reprimand, warning or allegation) | Offence(s) | Date of Offence(s) | Disposal (if known) |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

If posting, seal Appendix A in a separate envelope within your main submission, marked *confidential*.