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**Family Support Worker Application Form**

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| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Phone** | **Day: Evening:**  |

|  |  |
| --- | --- |
| **Where did you learn about this post?** | **Tick as appropriate** |
| **HLFS website** |  |
| **Good moves** |  |
| **Voluntary Sector Contacts** |  |
| **Other (please specify)** |  |

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| **Do you have a PVG scheme membership? Circle as appropriate YES NO** |

*Please note that this sheet will be removed from your application before shortlisting*.

**Education (**Please start with your most recent qualifications.)

|  |  |  |
| --- | --- | --- |
| **School/ College/ University** | **Dates** | **Examinations Passed and****Qualifications Obtained** |
|  |  |  |

**Training** (Please start with your most recent qualifications.)

|  |  |  |
| --- | --- | --- |
| **Training Provider** | **Dates** | **Details of Qualifications obtained** |
|  |  |  |

**Registration to Governing Bodies**

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| --- | --- |
| **Name** | **Date of Registration** |
|  |  |

**Employment History** (Please start with your most recent employment.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Name of Employer and Nature of Business** | **Post Held & Brief Description of Role (state if voluntary)** | **Reason for Leaving** |
|  |  |  |  |

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| **a) Please give one example from your experience that demonstrate your capabilities in working with children and families with complex needs** |
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| **B) Please give one example of your experience assessing the needs of children and families and how you then implemented support** |
|  |
| **c) Please give one example from your experience that demonstrate your capabilities in working with other agencies to ensure the best outcome for children and their family?** |
|  |
| **d) Tell us about your experience of how you supported a family through the child protection process?** |
|  |
| **PLEASE TELL US WHAT YOU THINK YOU CAN CONTRIBUTE TO THIS POST AND HOW YOU FEEL YOU CAN CONTRIBUTE TO THE WORK OF HOME LINK FAMILY SUPPORT*****(Please refer to the job description and the person specification in your answer and provide live examples from your experience and employment)*** |
|  |
| **Do you have a clean driving licence and access to a car that you can use for work; this is an essential requirement of the post?** |

**Referees** (we will not uptake references unless you are successful in being award the position)

Please give names and addresses of two referees who might comment on your suitability of employment with Home Link Family Support. A least one reference should come from a formal setting e.g. employment or voluntary work.

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| --- |
| **1)** Name |
| AddressPostcode email phone   |
| How do you know this individual? |

|  |
| --- |
| **2)** Name |
| AddressPostcode email phone   |
| How do you know this individual? |

**Disclosure of Offences (PVG)**

## Rehabilitation of Offenders Act 1974 (exceptions) Order 1975

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 4 (ii) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order, 1975and you are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and, in the event of employment as a Systemic Practitioner, any failure to disclose such convictions could result in dismissal or disciplinary action by Home Link Family Support.

Have you ever been convicted of a criminal offence or are you at present the subject of criminal charges?

**YES / NO** If YES please give brief details below.

# Printed Name

# Signature

### Date

**Please return this form along with your application.**

Paula.swanston@nhs.net (secure email) Home Link Family Support, Unit 1 Newington Business Centre, Dalkeith Road Mews, Edinburgh, EH16 5GA

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