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Description automatically generated with low confidence

**Recruitment Application Form**

**POSITION APPLIED FOR: Recovery Coordinator**

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| **1. Personal Details** | |
| First name (s): | Surname: |
| Contact tel no: | Email: |
| Home address: |

|  |  |
| --- | --- |
| **2a. First Referee**  Current or most recent employer | |
| Full name: | Position: |
| Contact tel no: | Email: |
| Organisation & contact address: |

|  |  |
| --- | --- |
| **2b. Second Referee** | |
| Full name: | Position: |
| Contact tel no: | Email: |
| Organisation & contact address: |

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| **3. Declaration**  Please sign this declaration after you have completed all parts of the form. |
| I declare that to the best of my knowledge and belief all the information I have provided in this application form is complete and true. I understand that any false or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal.  I consent to the above data being held and processed for the sole purpose of recruitment and selection within The Nest Wellbeing Group and being retained for a period of 6-months should my application be unsuccessful. I also consent to references being taken from the referees detailed in section 2 above, in the event of me being offered the position applied for at The Nest Wellbeing Group. All data provided is treated in confidence and processed in accordance with the General Data Protection Regulation (GDPR).  Signed: Dated: |

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| **4. Special Requirements**  Please list below any special requirements or reasonable adjustments if you are disabled that you may have if  you are invited to an interview. |
|  |

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***when sifting applications.***

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| **5. Qualifications** |

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| --- | --- | --- |
| **From-To** | **Educational Institute**  *(School, college, university)* | **Qualification**  *(subject / level obtained)* |
|  |  |  |

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| **6. MEMBERSHIP OF PROFESSIONAL BODIES**  Name of professional body *(please list any)* |
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| **7. EMPLOYMENT HISTORY**  Please list chronologically, starting with current or last employer |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s name** | **Dates of employment:**  **From:**  **To:** | **Post held** | **Reason for Leaving** |
|  |  |  |  |

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| **8. Voluntary work (300 words limit)**  Please tell us about any relevant voluntary work you have done |
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| **9. Supporting Information**  Please tell us about your skills and experience, demonstrating that you meet the competencies in the  person specification. Please set these out clearly against the essential and desirable criteria.  **(1000 words limit)** |
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| **10. What has attracted you to apply for this post? (500 words limit)** |
|  |

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| **11. Is there anything else you want us to know in support of your application? (300 words limit)** |
|  |

Please complete this form electronically and return applications to

[hello@thenestwellbeinggroup.co.uk](mailto:hello@thenestwellbeinggroup.co.uk)

on the 14/07/23 *(closing date)*.   
*(Late applications will not be considered)*

**Do not** attach a CV with your application as this will not be considered.