## SAFESPACE_altversion_dr_v1

##  Application Form

Please use BLOCK CAPITALS and black ink or typescript.

|  |
| --- |
| **POST APPLIED FOR:** |

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename(s): |   | Surname:  |  |
|  |
| AddressPostcode |   | Home Tel No |  |
| Mobile No |  |
| Email Address |  |

**EDUCATION AND PROFESSIONAL QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| From - To | Secondary Schools, Colleges, Polytechnics, Universities and other Institutions(indicate if Full or Part time) | Qualifications |
|  |  |  |
|  |
| From - To | Other Qualifications/Membership of Professional Bodies with Levels Attained |
|  |  |

|  |
| --- |
| Please provide details and dates of relevant training courses you have undertaken: |
|  |

**OTHER TRAINING COURSES**

#### PRESENT OR MOST RECENT

#### EMPLOYMENT

|  |  |
| --- | --- |
| Employer's Name and Location: |  |
| Position:  |  | Date Appointed: |  |
| Salary:  |  | Additional Benefits: |  |
| Notice Required:  |  | Reason(s) for Leaving: |  |
| Please outline your duties and responsibilities: |
|  |

# EMPLOYMENT HISTORY - most recent employer first

|  |  |  |  |
| --- | --- | --- | --- |
| From - To | Employer’s Name and Location | Post Held | Reason(s) for Leaving |
|  |  |  |  |
| **INFORMATION IN SUPPORT OF APPLICATION**Please review the person specification and describe the essential experience, skills and qualities which you would bring to this role in Safe Space, including any additional information you think will enhance your application. If necessary please continue on a blank sheet of paper.  |
|  |
| From - To | Voluntary work description | Reason(s) for Leaving |
|  |  |  |
|  |
| **TECHNICAL SKILLS**Please list any software packages you are familiar with, including word processing packages, databases, spreadsheets and internet software. Please also state your level of competency with each. |
|  |

# VOLUNTARY WORK - please detail any relevant voluntary work with dates

**AVAILABILITY**

Please give your availability for weekly client sessions (Monday – Thursday 9 am – 8pm)

Please give your availability for monthly group supervision (Friday / Saturday)

Please give your weekend availability for mandatory 4-day trauma training:

31/8, 1/9, 7/9, 8/9, 14/9, 15/9

|  |
| --- |
| **REFERENCES**Please provide name, position, address, email contact and telephone number details for two referees. One should be your current or most recent employer. Please indicate with a cross in the relevant box if you do NOT wish Safe Space to approach referee(s) before interview. |
| Current or Most Recent Employer |  | Second Referee |  |
| Name:Position:Address:Postcode:Email:Telephone Number: | Name:Position:Address:Postcode:Email:Telephone Number: |

**OTHER INFORMATION**

|  |  |
| --- | --- |
| Do you hold a current driving licence?  | Yes / No |
| How did you learn of this vacancy? |  |

**DECLARATIONS**

|  |
| --- |
| Please note all information provided on this form and attached documents must be true and correct. Safe Space reserve the right to consider relevant action if false statements become known during selection processes and/or employment, if and as applicable.  |

Safe Space

Charity No SC008695

Company No 279327