NOTTS SVS SERVICES ISVA SERVICE

VOLUNTEER SUPPORT WORKER APPLICATION FORM

# PRIVATE & CONFIDENTIAL

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| **Please complete this form in block capitals marked Private & Confidential to:**  **ISVA Service Manager, Nott’s SVS Services, Nottingham Womens Centre,**  **30 Chaucer Street, Nottingham, NG1 5LP**  **or by email to** [**admin2@nottssvss.org.uk**](mailto:admin2@nottssvss.org.uk)  **We recommend password protecting documents sent by email, and sending the password in a separate email** |

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| --- | --- | --- | --- | --- |
| Personal Details | | | | |
| Name | |  | | |
| Address | |  | | |
| Telephone No(s) |  | | Email |  |

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| --- | --- | --- | --- |
| Relevant Training | | | |
| From-To | Name of institution and course details. | Hours | Qualification |
|  |  |  |  |

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| --- | --- | --- |
| Support Experience | | |
| Details of support experience, client group(s) or whether focused on a specific issue e.g. bereavement. Detail any skills or experience that you have that you think are relevant to the work of Nott’s SVS Services? | | |
| From-To | Details | Hours |
|  |  |  |
| State your reasons for wanting to join Nott’s SVS Services’ ISVA Service | | |
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| --- | --- | --- | --- | --- | --- | --- |
| Are you a registered psychotherapist, accredited counsellor?  individual member/student associate of UKCP or BACP | | | | Yes/No |  | |
| Details | | | | | | |
|  | | | | | |
| Please indicate the amount of time you would be willing to volunteer to the ISVA service. | | | | | |
| Day(s) |  | Times |  | | |

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| --- | --- | --- |
| Do you have experience of working with sexual violence | Yes/No |  |
| Details | | |

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| --- | --- |
| Are you a survivor of sexual violence? | Yes/No |
| Have you used the services of Nott’s SVS Services, Nottinghamshire Rape Crisis Centre or The Topaz Centre (Sexual Assault Referral Centre) | Yes/No |
| You do not need to give details on the application form but please be prepared to discuss this at interview. In particular, how you have worked through this and feel that it will impact upon your work with survivors in our service. | |
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| Provide details of a personal and professional referee in support of your application. | |
| Name | Name |
| Address | Address |
| Email Address: | Email Address: |
| Relationship  to you | Relationship  to you |
| Personal Statement/Additional Information in Support of your Application | |
| Having given consideration to the job description and person specification what do you feel you have to offer to the role? | |
|  | |

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| --- | --- | --- | --- | --- | --- |
| DECLARATION: I the undersigned declare the information contained within this application to be true and accurate. I accept that should this not be the case, any offer to become a Volunteer Support Worker could be withdrawn or disciplinary action taken against me. | | | | | |
| Signed |  | Print |  | Date |  |