**NOTTINGHAMSHIRE SEXUAL VIOLENCE SUPPORT SERVICES**

**(nOTTS SVSs)**

**application form – Hub Support Worker**

The information requested in this form is important in assessing your application. Please complete accurately and in full.

**PLEASE WRITE IN BLACK INK.**

Position Applied for: Hub Support Worker

Number of hours: 22.5 hours per week (Monday – Sunday)

**Applicant Information**

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Home Address & Postcode |  |
| Home Telephone |  |
| Work Telephone |  |
| Email Address |  |
| National Insurance Number |  |

**Current/Most Recent Employment**

|  |  |
| --- | --- |
| Name of Current Employer |  |
| Address & Postcode of Current Employer |  |
| Job Role |  |
| Date Commenced |  |
| Paid or Voluntary |  |
| Brief Description of Duties and Responsibilities |  |
| Grade |  |
| Wage |  |
| Period of Notice |  |

**Previous Employment** *(including any voluntary or unpaid work)* **in Chronological Order**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From** | **To** | **Job Role** | **Organisation** | **Address** | **Nature of Work** |
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**Education** *(proof of qualifications are required)*

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| --- | --- | --- | --- | --- | --- |
| **From** | **To** | **Course** | **School/College etc.** | **Address** | **Qualifications Gained** |
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**Attendance at Training Courses Relevant to the Post**

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| --- | --- | --- | --- | --- | --- |
| **From** | **To** | **Course** | **Training Centre** | **Address** | **Details of Course** |
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**Accreditation and Professional Body Membership**

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| --- | --- |
| Are you an accredited member of a professional body? (Yes/No) |  |
| If yes, body you are accredited with. |  |
| If yes, date you became accredited. |  |
| If yes, your accreditation number. |  |
| If yes, please attach a copy of your accreditation certificate to your application. |  |
| Are you a member of a professional body? (Yes/No) |  |
| If yes, body you have a membership with. |  |
| If yes, date you became a member. |  |
| If yes, your membership number. |  |

**Personal Statement**

The information you provide in this section is important in assessing your application. Please tell us how you meet each item on the **Person Specification**. You may draw on knowledge, skills, abilities, experiences etc. gained from paid work, unpaid work, domestic responsibilities, education, leisure interest, voluntary activities and positions of responsibilities. If you need to, please attach additional sheets with your name clearly marked on each sheet.

|  |
| --- |
| **Essential Criteria** |
| Experience of support work or counselling  |  |
| Experience of working with or knowledge of trauma and PTSD |  |
| Experience of dealing with difficult situations |  |
| Good IT user skills, specifically the ability to use MS Office and database packages |  |
| Ability to use own initiative and follow instructions and guidance from Line Manager |  |
| Ability to work as part of a team |  |
| Good interpersonal skills |  |
| Ability to produce statistical, monitoring and evaluation information |  |
| Ability to communicate effectively both verbally and written |  |
| Ability to keep and produce accurate records, reports & administration |  |
| An understanding of Equality, Diversity and Inclusion principles and anti-discriminatory practice. |  |
| An understanding of confidentiality and professional boundaries. |  |
| Ability to work regular evenings and the occasional Saturday |  |
| **Desirable Criteria** |
| Experience of providing telephone emotional support |  |
| Experience of conducting risk/needs assessments & management of safeguarding |  |
| An awareness and understanding of sexual violence and its impact |  |
| Experience of delivering Group Work programmes |  |
| Liaising with voluntary and statutory sector organisations |  |
| Evidence of professional and personal development and training |  |
| An understanding of the voluntary sector and issues faced by small voluntary organisations. |  |

**Criminal Record**

|  |  |
| --- | --- |
| This post is exempt under the rehabilitation of Offender Act, 1974 and you are required to reveal all convictions, even those that are spent.*Please note, successful applicants will be subject to DBS checking or equivalent. Appointment is subject to a satisfactory disclosure.* |  |

**Vacancy**

|  |  |
| --- | --- |
| It would help us to know where you saw this vacancy. If you saw it listed in multiple places, please tell us the first place that you saw the listing on. |  |

**References**

Give the names of two persons to whom reference may be made in respect of your application. The first must be from your last employer. Referees are only contacted if candidates are to be interviewed, but if you do not wish a referee to be contacted until after a provisional offer of employment is made, mark their name with a large asterisk.

|  |
| --- |
| **Referee 1 (Last Employer)** |
| Name |  |
| Position |  |
| Address & Postcode |  |
| Telephone Number |  |
| Email Address |  |

|  |
| --- |
| **Referee 2** |
| Name |  |
| Position |  |
| Address & Postcode |  |
| Telephone Number |  |
| Email Address |  |

**Declaration**

I declare that the information given in this application is accurate and true, that I have not canvassed (either directly or indirectly) any member or senior officer of Nottinghamshire Sexual Violence Support Services (Notts SVSS) and will not do so.

Signed Date

Print Name

**Please return the signed application form in an envelope marked ‘Application Form’ to:-**

HR Administrator

Notts SVSS

30 Chaucer Street

NOTTINGHAM

NG1 5LP

or email to Recruitment@NottsSVSS.org.uk