**NOTTINGHAMSHIRE SEXUAL VIOLENCE SUPPORT SERVICES**

**(nOTTS SVSs)**

**application form – csw**

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: Crisis Support Worker

Number of hours: 30 hours per week

**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**

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| --- | --- | --- | --- | --- | --- |
| **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. |  |

**Questions** *(max 500 words per question)*

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| --- | --- |
| What relevant experience can you bring to this role? |  |
| What relevant experience do you have in the provision of supporting children and young people? |  |
| In what ways has your training contributed to your personal development? |  |
| What do you understand by and what is your experience of trauma-informed care? |  |
| What is your understanding of safeguarding? Please also describe a situation where you identified a safeguarding situation with a client and what action you took and why. |  |
| What do you do for self-care? |  |

**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.

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| **Essential Criteria** |
| Evidence of relevant professional experience working with children and young people (CYP) in a supporting role. |  |
| To have attended CYP safeguarding training (face-to-face/online) in the last 2 years and have clear understanding of safeguarding issues, policies, and procedures. |  |
| Knowledge of issues experienced by CYP and in particular in relation to sexual violence and the barriers they may experience in accessing services. |  |
| A commitment to upholding the organisational policies, procedures, and values and a commitment to ensuring Equality of Opportunities in all areas of practice and performance. |  |
| Experience of supporting CYP by providing information and/or support and completing holistic risk and needs assessments. |  |
| Experience of organising and prioritising a complex workload, working to tight deadlines and have good administrative duties. |  |
| Experience of communicating clearly, concisely, and diplomatically with a wide range of people and agencies, both verbally via telephone, face-to-face, professional meetings etc. and in writing via briefings, reports, letter writing, email etc.  |  |
| Experience of working in a multi-agency setting and partnerships working with a wide range of statutory and voluntary agencies. |  |
| Excellent communication and support skills, both on the telephone and in person in a CYP focused approach. |  |
| Good problem-solving and prioritising skills with the ability to work alongside standard operating procedures |  |
| Ability to maintain coherent and accurate case notes and have good administrative and computer skills. |  |
| Commitment to work flexibly and be part of a 24/7 rota. |  |
| Working professionally and ethically with varied and changing caseload. |  |
| Ability to meet and exceed quality standards in relation to every aspect of the work. |  |
| Ability to take all steps to ensure the safety and confidentiality of clients, staff, and partners. |  |
| Ability to work well under pressure. |  |
| Ability to cope with exposure to traumatic events and information. |  |
| Well organised, highly motivated, flexible, and punctual. |  |
| Ability to value and respect other team members. |  |
| Ability to be self-reflective, whilst working with service users, in own personal and professional development and in supervision. |  |
| **Desirable Criteria** |
| Evidence of relevant continued professional development. |  |
| Experience of working within an organisation that deals with the impact of sexual violence. |  |
| Experience of working on a helpline. |  |

**Criminal Record**

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| --- | --- |
| 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**

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| 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.

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

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| --- |
| **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