**GROUPWORK FACILITATOR APPLICATION FORM**

|  |  |
| --- | --- |
| **Name:** | **Address:** |
| **Telephone:** | **Email:** |
| **Emergency contact:** | **Nationality:** |
| **Are you registered disabled?**  **If so, what help would you need to attend an interview:** | **Which languages do you speak?** |
| **Please indicate how many hours per week you would be available for employment (minimum 7 hours, maximum 35 hours)** |  |

**References: Please provide details of 2 people who you have worked for in the last 3 years who know your work and who would be willing to give you a reference** [*references will not be taken up until an offer is made]*

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Telephone:** | **Telephone:** |
| **Relationship to applicant:** | **Relationship to applicant:** |
| **How long have they known you?** | **How long have they known you?** |
| **Occupation:** | **Occupation:** |

**Have you at any time been convicted of a criminal offence? Or have you been restricted from working with children or vulnerable adults. If so, please give details on a separate sheet.**

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| --- |
| **Do you have a current enhanced DBS check (within the last 3 months)? Yes / No** |

**1. Employment history (most recent first)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s name and address** | **Dates from/to** | **Brief description of duties** | **Reason for leaving** |
|  |  |  |  |

**2. Education and qualifications (include all counselling/psychotherapy/supervision training)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Subject** | **Date from** | **Date to** | **Grade** |
|  |  |  |  |  |

**3. Further relevant training courses attended:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Where** | **Date From** | **Date To** |
|  |  |  |  |

**4. Do you receive regular clinical supervision? *Please give details:***

|  |
| --- |
|  |

**5. Own counselling/psychotherapy (past/present) *Please give details:***

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| --- |
|  |

**6. Are you accredited with BACP/UKCP/BPS (or equivalent)? *Please give details:***

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| --- |
|  |

**7. What experience do you have in the following areas?**

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| --- |
| ***Working with male, trans and non-binary survivors of rape/CSA/sexual violence*** |
| ***Delivering 1:1 or group support within an organisational setting*** |

|  |
| --- |
| ***Monitoring and evaluating your work*** |

**8. Personal statement – *In this section please indicate your suitability and interest in this post, including how you meet the requirements of the job description and person specification. (Please do not exceed one side of A4)***

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|  |

**I hereby confirm that all the information I have given in this application form is correct.**

**Signed**…………………………………………………………………………………………

**Date**……….…………………………

**Please complete and return this form with your application to** [admin@survivorsuk.org](mailto:admin@survivorsuk.org)

**Equal Opportunities Monitoring Form**

**CONFIDENTIAL**

**You are requested to complete and return this form to enable Survivors UK to monitor its equal opportunities policy and ensure that any barriers to employment are identified and removed.**

**This information will be detached from your application form prior to the selection process and remain confidential.**

**Please tick or complete the boxes that apply to you and self-define or add any other information if you wish.**

# Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. How would you describe your gender?**

**2. How would you describe your sexual orientation?**

**3. Date of Birth:**

**4. How would you describe your ethnic origin?**

**Bangladeshi [ ] Black African [ ] Black-Caribbean [ ] Black Other [ ]**

**Chinese [ ] Indian [ ] Pakistani [ ] White [ ] Not listed [ ]**

**Please provide further details if you wish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Do you consider yourself disabled? Yes [ ] No [ ]**

**6. Are you currently in paid work? Yes [ ] No [ ]**

**7. Where you did first see this post advertised? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Rehabilitation of Offenders Act

**CONFIDENTIAL**

This post involves working with adult men who may be vulnerable. Although this post is not exempt from the Rehabilitation of Offenders Act 1974, we ask that you reveal all criminal convictions, spent or otherwise and advise that a police check will be conducted if you are offered the post. This means that we would like you to tell us about all convictions even if they were a long time ago.

This information will be treated in the strictest confidence.

Please tick as appropriate:

[ ] I have no convictions

[ ] I have the following convictions as detailed below

|  |  |  |
| --- | --- | --- |
| Date | Offence | Conviction |
|  |  |  |

# Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date\_\_\_\_\_\_\_\_\_\_

# Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete and return this form with your application to** [admin@survivorsuk.org](mailto:admin@survivorsuk.org)