

**Please complete this form in black ink or type and email it to:**

**The Chief Executive**

**Email:** [**monty@londonfriend.org.uk**](mailto:monty@londonfriend.org.uk)

**Please read guidance notes before completing this application form.**

**Please do not attach any additional documents**

**as they will not be included in shortlisting.**

### APPLICATION FORM

### Confidential

|  |  |  |  |  |  |  |
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| **Application for the position of:** | | | | | | |
|  | | | | | | |
| Job Title | Antidote Senior Recovery Worker | | Job Reference | | AS/07/2021 | |
|  |  | | | | | |
| Closing Date | Tuesday 10th August 2021 | | Interview Date | | Tuesday 17th/Wednesday 18th August 2021 | |
|  |  | | | | | |
| **For Office Use** | | | | | | |
| Interview Date/Time | | 1. | | 2. | | Offer/Reject |

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| **Personal** | | | |
|  | | | |
| Preferred Pronouns (e.g., she/her; they/them) |  | Surname |  |
|  |  | | |
| First Name(s) |  | Date of Birth |  |
|  |  | | |
| Address |  | | |
|  |  | | |
| Telephone: DAY |  | EVENING |  |
|  |  | | |
| Email Address |  | | |

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| **Present or most recent employment/voluntary work** | | | | | | |
|  | | | | | | |
| Job Title |  | | From |  | To |  |
|  | *(if applicable)* | | | | | |
| Name of Organisation |  | | | | | |
|  |  | | | | | |
| Address |  | | | Notice Period |  | |
|  |  | | | | | |
| Salary |  | Other Benefits | |  | | |
|  |  | | | | | |
| To whom responsible |  | How many staff are you responsible for | | | |  |
|  |  | | | | | |
| Brief description of duties |  | | | | | |
|  |  | | | | | |
| Please indicate the position of the above job in the organisation within the staffing structure. |  | | | | | |
|  |  | | | | | |
| Why do you wish to leave/why did you leave? |  | | | | | |

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| **What formal education, vocational/professional qualifications and training do you have?** | | |
| *You need only be specific about those which are relevant to the post.* | | |
| **Date** | **Examinations/Qualifications/Training Courses** | **Training Organisation** |
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| **Previous work experience/voluntary work** | | | | |
| *Please start with most recent past experience.* | | | | |
| **From** | **To** | **Organisation’s**  **name and location** | **Your position and brief description of duties** | **Reason for leaving** |
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| *Please add further jobs or relevant information to the blank page at the back of this form.* | | | | |

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| **Health** | | |
|  | | |
| Do you have any health problems that may affect your work? | | YES / NO |
|  | | |
| If YES, please specify |  | |
|  | | |
| If you have been absent from work for a period in excess of 1 month within the last 3 years, please give details. |  | |

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| **Personal Information** | |
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| **Rehabilitation of Offenders Act 1974**  Please give details of any current convictions. *(Do not include spent convictions)* |  |

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| **References** | | | | |
| **Please give the name and address of two referees, one of whom must be your present/most recent employer (paid or voluntary work) or academic referee. *(We will take up references before making an appointment but not usually contact them before an offer has been made.)*** | | | | |
| First Referee: | | | | |
|  | | | | |
| **Name** |  | | | |
|  | | | | |
| **Email** |  | | | |
|  | | | | |
| Occupation/Relationship | |  | *Please tick box if reference can be taken up at any time* |  |
|  | | | | |
| Second Referee: | | | | |
|  | | | | |
| **Name** |  | | | |
|  | | | | |
| **Email** |  | | | |
|  | | | | |
| Occupation/Relationship | |  | *Please tick box if reference can be taken up at any time* |  |

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| **How do you meet our requirements?** | |
| In the Person Specification are listed the qualities that are required from the successful candidate. In the spaces below, please write in each essential or desirable criterion and then indicate how you feel you meet them. | |
| **Person Spec criterion number** | Essential 1 |
|  | |
| **Response** | |
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| **Person Spec criterion number** | Essential 2 |
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| **Response** | |
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| **Person Spec criterion number** | Essential 3 |
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| **Response** | |
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| **Person Spec criterion number** | Essential 4 |
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| **Response** | |
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| **Person Spec criterion number** | Essential 5 |
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| **Response** | |
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| **Person Spec criterion number** | Essential 6 |
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| **Person Spec criterion number** | Essential 7 |
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| **Response** | |
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| **Person Spec criterion number** | Essential 8 |
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| **Person Spec criterion number** | Essential 9 |
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| **Response** | |

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| **Person Spec criterion number** | Essential 10 |
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| **Response** | |
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| **Person Spec criterion number** | Desirable 1 |
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| **Response** | |
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| **Person Spec criterion number** | Desirable 2 |
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| **Response** | |

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| **Person Spec criterion number** | Desirable 3 |
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| **Response** | |
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| **This page is for additional information in support of your application** |
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| **Declaration** | | | |
| I declare that to the best of my knowledge and belief the information given on this form is correct: | | | |
|  | | | |
| **SIGNED** |  | DATE |  |
|  | | | |
| *Please note, if any particulars given by you in this application are found to be false or wilfully omit or suppress any material facts, you may be liable to dismissal if appointed.* | | | |

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| Please return your completed application form to:  Monty Moncrieff MBE, Chief Executive  [monty@londonfriend.org.uk](mailto:monty@londonfriend.org.uk)  *Please note electronic versions of the application form are available on request.* |