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| For Completion – HR Team | |
| Post Ref No: | TARSW 1220 |
| Applicant Ref No: |  |

**Application Form**

(Please ensure to complete all 3 parts of the application)

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| **Title of Post Applied For:** | **Transition and Recovery Support Worker** |

**Part 1 – Not shared with the Shortlisting Panel**

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| **Personal Details** | | | |
| Surname: |  | | |
| Forename(s): |  | | |
| Home Address: |  | | |
| Post Code: |  | | |
| Contact Number: |  | | |
| Email Address: |  | | |
| **Eligibility to Work in the UK** | | | |
| Are you eligible for employment within the UK?Yes  No  Do you require a Work Permit to work within the UK? Yes  No   |  |  | | --- | --- | | If **Yes**, please confirm your work permit/leave to remain expiry date: |  |  |  |  | | --- | --- | | If **Yes**, please confirm any details of any endorsements (stamps, visas etc.) and or any restrictions placed upon your work permit: |  | |  |  | | | | |
| **Previous Employment with PKAVS** | | | |
| Have you worked or applied previously for PKAVS? Yes  No     |  |  | | --- | --- | | If **Yes**, please detail the dates of your employment and role held, or the way in which you applied with us (e.g. directly or through an agency): |  | |  |  | | | | |
| **Other Employment** | | | |
| If offered this position, would you continue to work in any other capacity? Yes  No   |  |  | | --- | --- | | If **Yes**, please provide details of the type of work and the number of hours  per week: |  | |  |  | | | | |
| **Driving Licence** | | | |
| Do you hold a current driving licence? Yes  No   |  |  | | --- | --- | | If **Yes**, please detail any driving offences currently under endorsement: |  | |  |  | | | | |
| **Police Check** | | | |
| Do you have any criminal convictions or pending charges? Yes  No   |  |  | | --- | --- | | If **Yes**, please provide further details: |  | | | | |
| **PVG Scheme** | | | |
| If the appointment is subject to a Disclosure Scotland/PVG Scheme check (see the advert) and, depending on the type of Disclosure, some spent convictions may be reported to us. (This will not necessarily discount you from being considered for the post.)  Are you registered with the PVG Scheme to work with Protected Children/Adults?  Yes  No  If **Yes**, please provide your PVG member number below (16 digit number):   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Children  Adults | | | | |
| **Referees** | | | |
| **One must be your present or most recent employer or school/college**. We will not normally accept references from relatives/friends. We reserve the right to request more than 2 references. If you provide your referee email addresses we will normally contact them this way. | | | |
| **Referee 1** | | | |
| Name: | | |  |
| Position: | | |  |
| Company (if applicable): | | |  |
| Address: | | |  |
| Postcode: | | |  |
| Contact Telephone Number: | | |  |
| Email Address: | | |  |
| Relationship to you: | | |  |
| Is this an employment or character referee? | | | Employment  Character |
| Do you give us permission to contact this referee? | | | Yes  No |
| **Referee 2** | | | |
| Name: | | |  |
| Position: | | |  |
| Company (if applicable): | | |  |
| Address: | | |  |
| Postcode: | | |  |
| Contact Telephone Number: | | |  |
| Email Address: | | |  |
| Relationship to you: | | |  |
| Is this an employment or character referee? | | | Employment  Character |
| Do you give us permission to contact this referee? | | | Yes  No |
| (If you don’t give permission, we will assume you are happy for us to contact your referees if you are provisionally offered and accept employment/work with us). | | | |
| **Interview Availability** | | | |
| Are you available for interview at any time? Yes  No   |  |  | | --- | --- | | If **No**, please provide details of non-availability: |  | |  |  | | | | |
| **Close relatives/Family Members** | | | |
| *A close relative is defined as a spouse, cohabitee, parent, grandparent, child, brother or sister.*  Are you a close relative or family member of a current employee or member of PKAVS Board of Directors? Yes  No   |  |  |  | | --- | --- | --- | | If **Yes**, please explain your relationship: |  | | |  | |  | | | | |
| **How did you hear about this vacancy?** | | | |
| PKAVS Website  PKAVS Facebook page  Recruitment Agency  Indeed  S1 Jobs  Goodmoves  My Job Scotland  Find a Job (Department for Work and Pensions)  Family/Friend working at PKAVS  Other   |  |  | | --- | --- | | If **other**, please detail: |  | |  |  | | | | |
| **Application Retention** | | | |
| Please tick this box if you consent to us retaining your application form and contacting you regarding any other suitable vacancies that may arise over the next 12 months | | | |
| **Declaration** | | | |
| I declare that the information given in **Part 1 and Part 2** of this application for employment is true and complete to the best of my knowledge. If any of this information given by me in this form or in support of my application is untrue, I recognise that any offer of employment/work may be withdrawn, or my employment with PKAVS ended. | | | |
| Signature: | |  | |
| Date: | |  | |

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| For Completion – HR Team | |
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| Applicant Ref No: |  |

**Part 2 – Assessed by the Shortlisting Panel**

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| --- | --- | --- | --- | --- | --- |
| **Qualifications/Memberships** | | | | | |
| Please indicate below qualifications gained at School, College or University. You need only provide the date awarded for College or University qualifications or time served apprenticeships. | | | | | |
| Subject/Details | Qualification and Status of Membership (if applicable) | | Grade | | Date Awarded |
|  |  | |  | |  |
| **Courses Attended/Other Relevant Specialised Training Knowledge** | | | | | |
|  | | | | | |
| **Employment History** | | | | | |
| This is your present or most recent employment, voluntary work or work experience. Continue on an additional sheet, if necessary. | | | | | |
| Name of Employer: | |  | | | |
| Address of Employer: | |  | | | |
| Nature of Business: | |  | | | |
| Post Held: | |  | | | |
| Dates of Employment: | | From: | | To: | |
| Salary: | | Current: £ | | Expected: £ | |
| Reason(s) for Leaving or Wishing to Leave: | |  | | | |
| Notice Required: | |  | | | |
| Duties and Responsibilities: | |  | | | |

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| **Previous Employment** |

Please start with most recent and include any periods not in paid employment, voluntary work or work experience (continue on an additional sheet, if necessary).

| Dates (Month/Year)  From – To | Name and Address of Employer | Position Held, Description of Duties and Responsibilities | Reason(s) for Leaving |
| --- | --- | --- | --- |
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| **Suitability for the Post** |

Please refer to the person specification provided in the application pack you received and comment on how you meet each criteria point (continue on a separate sheet, if necessary).

| **Criteria Reference** | **Your skills, qualities and experience against each of the person specification criteria** |
| --- | --- |
| E1 | A proven ability to engage sensitively with people experiencing mental health difficulties; promote equality and reduce stigma |
|  |
| E2 | Demonstrate experience in a recovery-focused/outcome-focused setting |
|  |
| E3 | Experience of working with outcomes/targets |
|  |
| E4 | Knowledge of integrative approach/recovery model within the field of mental health and wellbeing |
|  |
| E5 | Knowledge of current and relevant legislation and policy, including adult/child protection |
|  |
| E6 | Excellent listening, time management, written and verbal communication skills |
|  |
| E7 | Able to use own initiative, organise own workload and work independently |
|  |
| E8 | Ability to work across sectors and services, building effective relationships which will benefit client transitions |
|  |

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| --- | --- |
| E9 | Active team player |
|  |
| E10 | Excellent knowledge of Microsoft Packages (e.g. Word, PowerPoint, Excel) |
|  |
| E11 | Ability to promote a positive wellbeing and healthy lifestyle culture |
|  |
| E12 | High levels of personal self-motivation |
|  |
| E13 | Ability to develop relationships with clients to help to motivate and encourage their personal development |
|  |
| D1 | First Aid Certificate |
|  |
| D2 | Ability to drive and have access to a car |
|  |
| D3 | Experience of working alongside volunteers |
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| **Voluntary Work** |
| Please tell us about any voluntary work that you have been/continue to be actively involved in. |
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| **Further Information** | |

Please use the space below to tell us why you are applying for this position and any other relevant information you would like us to know (continue on a separate sheet, if necessary).

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**Part 3 – Not shared with the Shortlisting Panel**

**Equal opportunities monitoring form**

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| This form is separated from your application form and will not be provided to the short-listing panel. Your answers will be treated in the strictest confidence. The information you provide will only be used for monitoring purposes and to assist us with improving our recruitment process to ensure we are reaching all sections of the community. How you complete this form has no connection to the evaluation of your application in any way. |

|  |  |  |
| --- | --- | --- |
| **Sex:** | Male  Female |  |

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| --- | --- |
| **ABOUT YOU** | What is your ethnic group? Please choose one selection from (a) to (e) and then tick the appropriate box to indicate your cultural background. |
| (a) White | British  Irish  Other. Please specify: |
| (b) Dual Heritage | White and Black Caribbean  White and Black African  White and Asian  Other. Please specify: |
| (c) Asian | British  Indian  Pakistani  Bangladeshi  Other. Please specify: |
| (d) Black | British  Caribbean  African  Other. Please specify: |
| (e) Chinese or Other | Chinese  Other. Please specify: |

|  |  |  |  |
| --- | --- | --- | --- |
| ABOUT YOU | Do you consider yourself disabled? | | |
| Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ABOUT YOU | Please select your age group | | | | |
| 16 - 19 | 20 - 29 | 30 – 39 | 40 - 49 | 50 - 59 | 60 and over |

|  |  |  |  |
| --- | --- | --- | --- |
| **ABOUT YOU** | How would you describe your sexual orientation? Please tick one box only. | | |
| Heterosexual/straight |  | Gay Man |  |
| Gay Woman/Lesbian |  | Bisexual |  |
| Other |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ABOUT YOU** | What is your faith / religion / belief? Please tick one box only. | | |
| Agnostic |  | Jewish |  |
| Atheist |  | Muslim |  |
| Buddhist |  | Sikh |  |
| Catholic |  | Other. Please specify |  |
| Christian |  | Prefer not to say |  |
| Hindu |  |

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| **How did you find out about this vacancy?** (Please give the name of the newspaper/journal/website). |
|  |

**Completed application forms can be returned by post or by email to**:

HR Team

PKAVS

The Gateway

North Methven Street

Perth

PH1 5PP

Email Address: [recruitment@pkavs.org.uk](mailto:recruitment@pkavs.org.uk)

(Please ensure the application form is sent in a .DOC, .RTF, or .PDF format)