

**South Community Recovery Network**

**Recovery Outreach Worker**

**Application Form**

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| Application Date | Click or tap here to enter text. |
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| **Personal Details** |
| Title | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| First Name | Click or tap here to enter text.  |
| Name known By | Click or tap here to enter text. |
| Address 1 | Click or tap here to enter text. |
| Address 2 | Click or tap here to enter text. |
| Address 3 | Click or tap here to enter text. |
| City/Town | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Home Telephone | Click or tap here to enter text. |
| Mobile Telephone | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| **Other Details** |
| **Are you eligible to work in the UK?** | Choose an item. |
| **Do you need a certificate of Sponsorship to take up this post?** | Choose an item. |
| **If yes, please give details** | Click or tap here to enter text. |
| **Advert Details** |
| **Where did you hear about this vacancy?** | Click or tap here to enter text. |

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| **University Details** |
| **Subject** | Click or tap here to enter text. |
| **Type of Qualification** | Click or tap here to enter text. |
| **If other qualification type, please specify** | Click or tap here to enter text. |
| **Grade/Result** | Click or tap here to enter text. |
| **Expected/Obtained Date** | Click or tap here to enter text. |

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| **Additional Educational Details** |
| **Membership of Professional or Regulatory Bodies** |
| **Name of organisation** | Click or tap here to enter text. |
| **Registration Number** | Click or tap here to enter text. |
| **Renewal Date** | Click or tap here to enter text. |
|  |  |
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| **Renewal Date** | Click or tap here to enter text. |
|  |  |
| **Name of organisation** | Click or tap here to enter text. |
| **Registration Number** | Click or tap here to enter text. |
| **Renewal Date** | Click or tap here to enter text. |
| **Please provide any further information on qualifications or education you feel is relevant** |
| **Subject** | Click or tap here to enter text. |
| **Type of Qualification** | Click or tap here to enter text. |
| **Grade/Result** | Click or tap here to enter text. |
| **Date Obtained** | Click or tap here to enter text. |
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| **Subject** | Click or tap here to enter text. |
| **Type of Qualification** | Click or tap here to enter text. |
| **Grade/Result** | Click or tap here to enter text. |
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**Other Details**

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| **Do you have a driving licence?** | Choose an item. |
| **If yes, which categories are you entitled to drive? eg B, BE, C** | Click or tap here to enter text. |

**Membership of Professional or Regulatory Bodies**

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| --- | --- |
| Name of Organisation | Click or tap here to enter text. |
| Registration Number | Click or tap here to enter text. |
| Renewal Date | Click or tap here to enter text. |
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| Registration Number | Click or tap here to enter text. |
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|  |  |
| Name of Organisation | Click or tap here to enter text. |
| Registration Number | Click or tap here to enter text. |
| Renewal Date | Click or tap here to enter text. |

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| **Please provide any further information on education or qualifications you feel is relevant** |
| Click or tap here to enter text. |

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| **Employment**  |
| **Employer Details** |
| Employer | Click or tap here to enter text. |
| Job Title | Click or tap here to enter text. |
| Grade | Click or tap here to enter text. |
| Date From | Click or tap here to enter text. |
| Date To | Click or tap here to enter text. |
| Present or Previous Employer | Choose an item. |
| Role Purpose/Summary of Responsibilities | Click or tap here to enter text. |
| **If this is your current or most recent role** |
| Notice Period | Click or tap here to enter text. |
| Salary | Click or tap here to enter text. |
| Reason for Leaving | Click or tap here to enter text. |
| **Employer Details** |
| Employer | Click or tap here to enter text. |
| Job Title | Click or tap here to enter text. |
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| Reason for Leaving | Click or tap here to enter text. |

**References**

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| Referee Name | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Address 1 | Click or tap here to enter text. |
| Address 2 | Click or tap here to enter text. |
| City/Town | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
|  |  |
| Referee Name | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Address 1 | Click or tap here to enter text. |
| Address 2 | Click or tap here to enter text. |
| City/Town | Click or tap here to enter text. |
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| Email | Click or tap here to enter text. |
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| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

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| **Declarations** |  |
| Have you lived or worked outwith the UK within the last 5 years? | Click or tap here to enter text. |

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| **Criminal Conviction Declarations** |
| Do you have any unspent convictions or charges pending? | Choose an item. |
| Details of UNSPENT CONVICTIONS or CHARGES PENDING | Click or tap here to enter text. |
| Do you have any spent convictions that must be disclosed? | Choose an item. |
| Details of CONVICTIONS THAT ALWAYS MUST BE DISCLOSED | Click or tap here to enter text. |

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| **Supporting Statement** |
| **Why do you think you are suitable for this role?** **(Describe how your skills, knowledge and experience match the person specification, while also explaining your motivation and goals.** |
| Click or tap here to enter text. |
| **Why do you want to work for Glasgow Recovery Communities?** |
| Click or tap here to enter text. |
| **Is there any other relevant information that will assist us in shortlisting your application?** **(if none, please state)** |
| Click or tap here to enter text. |

Completed application forms should be submitted to: admin@scrn-recovery.co.uk

The closing date for applications is: **13th May 2024**