**Before completing please ensure you have read the SUIT criteria document in full.** Please complete this form accurately and in full as this will help us decide your suitability to our Volunteer Programme. Thank you for your time and interest.

# C O N F I D E N T I A L

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| APPLICATION FOR APPOINTMENT AS: SUIT Volunteer Support Worker |
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**1. PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Surname: | First Name: | |
| Address:  Postcode: | Telephone:  Home:  Work:  May we contact you there? |  |
| Have you ever used, or are you using, drug/alcohol treatment services in Wolverhampton?  If so was it in the last 6 months?  And which services are/were they? | | |
| Do you have any disability which may affect your application?  If yes, please give details: | | |

**2. EDUCATION / TRAINING / QUALIFICATIONS**

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| --- |
| Please tell us all your qualifications and **any** relevant training you have achieved (including dates if known). Please do not be put off if you have no relevant qualifications or training, as on the job training will be given. |
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**3 LAST TWO JOBS (MOST RECENT FIRST)**

Please tell us about your previous employment (including any volunteer roles):

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| --- |
| Date:  **Employer:**  **Main Duties:** |
| Date:  **Employer:**  **Main Duties:** |

**4. KNOWLEDGE & SKILLS**

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| --- |
| Please use this section of the form to show us your knowledge of Drug/Alcohol Treatment Services in Wolverhampton. Please also tell us why you would like to volunteer for SUIT and why you feel you are a good candidate for the post. Please include knowledge and skills you can bring to SUIT to improve drug treatment services and aftercare in the area. (Please use an additional sheet if necessary) |

**5. RECOVERY AGENDA**

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| --- |
| Recovery from substance misuse is a key part of our work. Please use this space to tell us what Recovery means to you and how you feel that you could support service users in reaching, or sustaining recovery? |
|  |

**6. CRIMINAL CONVICTIONS**

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| **PLEASE NOTE THAT**, due to the nature of the work this post entails, SUIT will undertake a Disclosure and Barring Service check. Please do not let this discourage you from applying for the post, as the decision on what type of work you will undertake in your role, is up to the Drug Service Involvement Officer. |
| Please give details of any convictions, including cautions below: |

**7. DECLARATION**

I certify that to the best my knowledge the information I have given is correct. (Providing false information or deliberately omitting relevant information will make the candidate liable to dismissal or disciplinary action if appointed).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For office use only:** |
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| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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## Registered

Charity

No. 700910

This project receives support from



Company Ltd by

Guarantee

No. 2288239

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