

ESSENTIAL DRUG & ALCOHOL SERVICES

ADVISOR APPLICATION FORM

Please complete ALL parts of this form.

Please note that if your application is successful, you will be required to complete a Volunteer Agreement with EDAS, and undergo an enhanced DBS

Name:								
Address:								
Postcode:				National Insurance No:				
Tel No (day)	:			Tel No (evening):				
Mobile Tel No:				Email:				
At what time	s are you	ı availab		ering? (please tick as appropriate) nformation about your availability?				
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Varies								
	l							
Are there as	ny physi	cal or m	ental health i	ssues that you feel we could support you with				
when volunt			onan noami	ocace that you look no could support you will				

Have you ever had a problem with drugs and/or alcohol? YES NO
If yes, which substance and how long have you been in recovery: Years Months
What treatment did you receive for this?
Have you experienced Drug/Alcohol problems in your family? YES NO
If yes, how long since a crisis occurred? Years Months
If yes, what have you learned from the whole experience?
What do you believe you are able to offer to clients?

Experience, learning and skills – information to support your application						
Relevant education	on and training					
		1				
Awarding Body	Qualification	Grade	Where Studied	Year		
Current employme	ent details					
Post Held			Hours per Week			
			•			
Employers name	and address					
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Diagram when a built	£	-l	- (L. ()(4) 4L - 4 4L (- L			
the role of a volun	ef description of duties and liteer advisor.	a respon	sibilities that you think ma	ay be relevant to		

Please tell us something about yourself information to support your application:	and	what	motivates	you	to	volunteer	with	EDAS -	-
information to support your application:									
									ļ

people. We would	n your voluntary work wi ask you to provide refer our GP and references t	enc	es to support y	our application.	We would re	equire
Name:			Name:			
Relationship to Volunteer:			Relationship to Volunteer:			
Address:			Address:			
Mobile:			Mobile:			
Tel No:			Tel No:			
Email			Email			
Name: GP Reference	ce:					
Relationship to Volu	ınteer:					
Address:						
Mobile:						
Tel No: Email						
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Convictions

Because of the nature of the services which EDAS provides, the provisions of the Rehabilitation of Offenders Act 1974, (Exceptions) Order 1975 and the Rehabilitation of Offenders (Exceptions) (Amendments) Order 1986 mean that we require you to disclose any information concerning both spent and unspent convictions.

In the event of your appointment as a volunteer, a request for a Disclosure of any Criminal Records will be made. A criminal record will not necessarily be a bar to obtaining a position. Any information will be treated in the strictest confidence.

EDAS urges you to disclose here and discuss at the volunteer interview stage any matters that may be relevant.

may be relevant.			
(Delete as appropriate)			
I have no unspent convictions	OR	Yes, I have unspent convictions	
Date:			
Offence:			
Date when will be spent:			
Any other information			

Data Protection Act 1998

The information you provide on this application form will be used for volunteer recruitment & selection purposes, including third parties, such as referees, and also for any reimbursement purposes. You have a right to access this application and information held about you in respect of the recruitment and selection process. Please apply to Human Resources. All details in respect of the recruitment and selection process are confidential to HR and the volunteer interview panel. If you become a voluntary worker for EDAS the information will be transferred to your Volunteer Personnel File. By signing this form you give your consent for the information you provide on it and any attachments you make to it to be used by EDAS in the recruitment and selection process and in the future for your personnel file.

The requirement for an "ex-service user" or ex –offender becoming an EDAS volunteer is as follows:

Volunteers need to be 2 years free from problematic substance abuse and offending behaviour.

You can demonstrate a commitment to maintaining a healthier life style to either of the above.

Everything will be subject to ISA/CRB checks.

A definition for the purposes of "ex-service user volunteer"

Anyone whose substance/offending use became problematic, and had a detrimental effect on their wellbeing and the wellbeing of others.

That they sought or accessed help for this and engaged in a "treatment process".

That they have subsequently achieved a stable and healthy lifestyle and that they are actively maintaining this.

That they are no longer "in treatment" or on licence.

Substance will include alcohol.

A treatment process can include private health care, self help groups as well as help via community based services.

Healthy will include both psychological and physical well being.

There may be possible exceptions to this where mental health is concerned or on-going therapy and support.

EDAS will reserve the right to decide this in the best interests of the applicant and the service.

24 months free from problematic substance abuse.

EDAS reserves the right to interpret all of these criteria on an individual basis.

EDAS operates a Drugs and Alcohol policy for all of its staff and volunteers which must be adhered to at all times.

Please Return to:
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