



Independent Visiting Service  
67 Centre  
Hodshrove Lane  
Brighton  
East Sussex BN2 4SE

## Application for the post of Independent Visitor

A voluntary position for Brighton & Hove City Council

For more information go to [www.brighton-hove.gov.uk/independent-visitors](http://www.brighton-hove.gov.uk/independent-visitors)

### Personal details

Family name \_\_\_\_\_ First name(s) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone number \_\_\_\_\_

Daytime telephone number (if different) \_\_\_\_\_

Email \_\_\_\_\_

### School & training

School/College/University/Course(s)	Date	Qualifications Gained
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**Employment / voluntary work**

This section should be used to tell us about your previous experience from employment/voluntary or unpaid activities. Please list the most recent first. Please use continuation sheets if necessary.

From / To      Position      Employer/organisation      Brief details of post

From / To	Position	Employer/organisation	Brief details of post

**Personal statement**

Please tell us about a time you have been a friend to a young person, and how you think you helped. What skills do you think you would be able to offer as an Independent Visitor? (Please refer to the person specification when completing this section – you can get a copy of the person specification from [www.brighton-hove.gov.uk/independent-visitors](http://www.brighton-hove.gov.uk/independent-visitors) ).

Please use this space as a continuation sheet for any other section if necessary.

## References

Please note that we require four references, one of should be from a close blood relative or partner, and one from your current or most recent employer (or from your college/university if you are in full-time education).

Of the four references, at least two will be followed up by a telephone interview.

Please also note that successful applicants will be required to have a Disclosure and Barring Service (DBS) check carried out, as well as a Council Child Protection Record check (CPR).

### First reference

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel no \_\_\_\_\_

Email \_\_\_\_\_

Job Title \_\_\_\_\_

Connection with you \_\_\_\_\_  
\_\_\_\_\_

### Second reference

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel no \_\_\_\_\_

Email \_\_\_\_\_

Job Title \_\_\_\_\_

Connection with you \_\_\_\_\_  
\_\_\_\_\_

### Third reference

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel no \_\_\_\_\_

Email \_\_\_\_\_

Job Title \_\_\_\_\_

Connection with you \_\_\_\_\_  
\_\_\_\_\_

### Fourth reference

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel no \_\_\_\_\_

Email \_\_\_\_\_

Job Title \_\_\_\_\_

Connection with you \_\_\_\_\_  
\_\_\_\_\_

**Medical Questionnaire – Name of Applicant.....**

We will need to contact your GP to check that there are no health reasons that may affect you being an Independent Visitor. A medical consent form is included. This information is confidential and our sole concern is for the welfare of the child

1. Are you in good health at present? Yes \_\_\_\_ No \_\_\_\_

2. Do you attend your doctor or hospital regularly for treatment or are you currently taking any medication? Yes \_\_\_\_ No \_\_\_\_

If you answered “yes” please indicate nature of illness / give details.  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever suffered from mental illness or depression; anxiety or stress? Yes \_\_\_\_ No \_\_\_\_

If you answered “yes” please give details  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever suffered from epilepsy, blackouts, fits or faints? Yes \_\_\_\_ No \_\_\_\_  
If you answered “yes” please give details

\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever suffered from TB or any other infectious disease? Yes \_\_\_\_ No \_\_\_\_  
If you answered “yes” please give details

\_\_\_\_\_  
\_\_\_\_\_

6. Do you suffer, or have you ever suffered, from drug or alcohol problems? Yes \_\_\_\_ No \_\_\_\_

If you answered “yes” please give details  
\_\_\_\_\_  
\_\_\_\_\_

**Medical questions continued**

7. Do you have, or have you ever suffered from any other health problems?

Yes \_\_\_\_ No \_\_\_\_

If you answered "yes" please give details

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If you have changed address during the past twelve months, please give previous address(es) below

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**My General Practitioner (GP) is**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Statement**

Name of person applying to be an Independent Visitor \_\_\_\_\_

1. I certify that the above information is true and correct.
2. I authorise the Independent Visitor Coordinator to contact my General Practitioner.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

## Disclosure of criminal convictions

Under the Rehabilitation Act 1974, ex-offenders do not have to disclose their criminal convictions when applying for most, but not all, jobs if their convictions have become spent.

Jobs where criminal convictions have to be disclosed are called 'exempted posts'. For exempted posts convictions are never spent and must be disclosed.

The role of **Independent Visitor is an exempted post** and **you must disclose any criminal convictions** you have.

Criminal offences will not necessarily bar you from becoming an independent visitor (unless they are offences against children), but not disclosing a criminal conviction WILL disqualify you.

Do you have any criminal convictions cautions or bind overs? Yes / No

If you have answered yes, please enclose details with your application form. Any information provided will be treated in strict confidence.

## Relationships with Brighton & Hove City Council / Councillors

Are you related to or do you have a personal friendship with a councillor? Yes / No

Do you work for a social services department, or are you a partner of someone who does? Yes / No

## Training dates

Please note that you will need to attend two training days. The next training dates are to be arranged and you will be notified when they are confirmed.

## Declaration

I declare that the information given in this application form is true. If I am successful in obtaining this post and the information is later discovered to be incorrect, I understand that the appointment may be terminated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Please return your completed form to

The Independent Visitor Co-ordinator, Independent Visiting Service, 67 Centre, Hodshrove Lane, Brighton BN2 4SE, or email to [independent.visitors@brighton-hove.gov.uk](mailto:independent.visitors@brighton-hove.gov.uk)



## Recruitment monitoring

The Independent Visiting service aims to ensure the fair treatment of all applicants.

Filling in this section is optional and the information will be used so that we can monitor our recruitment.

We would like to know your ethnicity as this may be a helpful factor we use for matching you with a young person.

I would describe my ethnic origin as \_\_\_\_\_

Gender (delete as appropriate) Male / Female

Age (delete as appropriate)

16-19 / 20-24 / 25-29 / 30-39 / 40-49 / 50-59 / 60+

Do you consider yourself to have a disability?                      Yes / No

Whereabouts did you see this opportunity advertised?

Today's date: