**St Helens Borough Council**

**Refugee Resettlement Service**

**Expert by Experience**

**Application Form**

Please refer to the Expert by Experience Service Specification and Role Advertisement before completing the application form. Please complete all relevant fields.

1. Personal details

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address:  |  |
| Postcode: |  |
| Telephone: |  |
| E-Mail: |  |

|  |
| --- |
| 1. Emergency Contact Details:
 |
| Name:  | Telephone:  |
| Address:  | Relationship:  |

1. Education (high school diploma and higher education degrees)

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **City/Country** | **Years** | **Diploma/degree** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Work experience (please add a short description of each relevant role; please include any work undertaken as self-employed or business owner)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer/self-employed** | **City/Country** | **Role/description** | **Years** |
|  |  |  |  |
|  |  |  |  |
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1. Please use the information in the Service Specification to tell us why you want to become an Expert by Experience with the Refugee Resettlement Service.

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1. With reference to the Role Advertisement, please tell us in detail how you meet the criteria in the person specification for this role.

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1. Please provide the names and contact details of two referees:

|  |  |
| --- | --- |
| Referee 1 | Referee 2 |
| Name:E-Mail:Mobile:Relationship: | Name:E-Mail:Mobile:Relationship: |

1. Availability – to help us arrange suitable days and times for Expert by Experience Panel meetings and other activities, please indicate which day/times you will likely be available (please choose all that are applicable)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Afternoon |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Evening |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |

Please send your completed Application Form to: michaelmelia@sthelens.gov.uk.