| ENABLING ENVIRONMENTS AWARD ASSESSOR APPLICATION FORM | | | | | | | | |
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| Please complete and return this form along with your CV either by post or email to:  Enabling Environments, 21 Prescot Street, London E1 8BB **or** [eeadmin@rcpsych.ac.uk](mailto:eeadmin@rcpsych.ac.uk). | | | | | | | | |
| Applicant Information | | | | | | | | |
| Name | | | | | | | | |
| Current address | | | | | | | | |
|  | | | | | | Post Code | | |
| Email Address | | | | | Phone number | | | |
| Name of EE service (if affiliated) | | | | | | | | |
| Member of CCQI Quality Network (if affiliated) Click to choose a network | | | | | | | | |
| Employment Information: Present or most recent | | | | | | | | |
| Employer | | | | | | | | |
| Employer address | | | | | | | | |
| Position Held | | | | Click to insert from date | | | | Click to insert To date |
| Phone: | E-mail: | | | | | | Fax: | |
| experience working with enabling environments (if applicable) | | | | | | | | |
| As Provider:  List name of organization & service | | | As Recipient:  List name of organization & service | | | | | |
| 1. | | | 1. | | | | | |
| 2. | | | 2. | | | | | |
|  | | | | | | | | |
| Please list any completed EE training you have attended | | | | | | | | |
| Click here to enter a date. | | Venue | | | | | | |
| Click here to enter a date. | | Venue | | | | | | |
| Click here to enter a date. | | Venue | | | | | | |
| ReFeRences | | | | | | | | |
| Name | | | | | | | | |
| Job Title | | | | | | | | |
| Current address | | | | | | | | |
|  | | | | | | Post Code | | |
| Email Address | | | | | Phone number | | | |
| Relationship | | | | | | | | |

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| **Please describe how your skills and knowledge meet the areas highlighted within the person specification (no more than 1000 words)**  **Refer to the person specification and address EACH area.** |
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| APPLICANT Signature | |
| I authorize the verification of the information provided on this form. | |
| Signature of applicant | Date |

**If you are employed within an Enabling Environments service, your line manager must complete the following declaration:**

|  |  |
| --- | --- |
| LINE MANAGER Signature | |
| I authorize the above applicant to be released from work duties for a minimum of two days per year to attend EE service visits, and additional time needed to write the assessment report, in order to fulfill the EE Assessor role. | |
| Signature of applicant’s line manager | Date |