| 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. |
| 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:**

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| 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       |