# Dumfries and Galloway Advocacy Service

**CONFIDENTIAL**

# Application for the Post of Volunteer Independent Mental Health Advocate

# Date of Issue:

Please complete this form in black ink and block letters or typescript and return it to the Chief Executive in the stamped addressed envelope provided.

The application should be returned within 14 days of the date of issue.

# Personal Details

Title Forename(s) Surname

Date of Birth Gender

Permanent Address (including Post Code)

Home Telephone Mobile Telephone

E-mail

# Right to Work in the U.K.

Only individuals who have the right to work in the U.K. are eligible for the post of Volunteer Mental Health Advocate. If there is any doubt regarding your status, we may need to check your details with other agencies.

**Are you eligible to work in the United Kingdom** Yes No

# Education, Training and Qualifications

Please list any relevant Qualifications achieved and/or training courses attended (please continue on an A4 sheet if required)

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| --- | --- | --- |
| **Year** | **Course Subject/Content** | **Qualifications** |
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Conflicts of Interest

Are you aware of any possible conflict of interest which might arise, should you be accepted as a volunteer Independent Mental Health Advocate, in any connection with either individuals or organisations.

Yes No

If YES please provide details

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# Background information – Below please tell us about any previous employment and any voluntary work undertaken which may support your application.

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| Previous & current employment paid or unpaid information. (Please use a separate sheet if necessary)  **Dates Employer Job Title/Duties**  from - to |

**Why do you wish to become a volunteer Independent Mental Health Advocate? (Please use a separate sheet if necessary)**

If you feel you have a disability, are there any “Interview” arrangements we can make on your behalf? Please provide details below.

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# Advertising

Please indicate below how you heard about this post.

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# Criminal Convictions

All applicants for the post of Volunteer Mental Health Advocate will be registered with the Protection of Vulnerable Groups Scheme. The PVG will detail all previous convictions (and cautions) held on central records, both spent and unspent. It may also contain non-conviction information that a senior official deems relevant to record.

Please provide all information on criminal convictions regardless of where or when the offence was committed. This covers the following:

1. Offences committed outside Scotland or while in the armed forces.
2. Motoring offences (excluding parking offences).
3. Cautions.

**Have you ever been convicted of an offence?** (Tick one box) Yes No

**Do you have a court case pending?** (Tick one box) Yes No

If you have answered yes to either of the above, please provide details below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Court** | **Offence** | **Sentence/disposal** |
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**Are you currently registered with PVG?** (Tick one box) Yes No

**If yes, what is your registration number?**

# References

Please give the names and addresses of two persons to whom you are well known and who will provide a reference as to your suitability for the post of Volunteer Independent Mental Health Advocate. These persons should not be a partner or related to you. Any reference provided will form part of your application.

Continued overleaf…/

Reference 1 Reference 2

Name Name

Address Address

Post Post

Code Code

Occupation Occupation

Relationship Relationship

# Declaration

The Data Protection Act 1998 requires the Dumfries and Galloway Advocacy Service to inform you that this form, when completed, will include information about you which can be designated “personal data” under the Act. We will process and may share the data for recruitment purposes only. As a “data subject” under the Act, you have a right to ask for a copy of any personal data held regarding you and to ask for any inaccuracies to be corrected.

To ensure that your application is processed, please sign and date the following statement.

I declare that the information provided is, to the best of my knowledge correct and comprehensive. I consent to it being used and verified for the purposes set out above. I understand that the provision of false or inaccurate information or withholding relevant information may result in my application being disqualified. I also consent to any subsequent information provided by PVG being used by the Dumfries and Galloway Advocacy Service for the purpose for which it is collected.

Name (print)

Signature Date

Please now check that you have completed all sections of this form and return it in the stamped addressed envelope provided.

If you have any queries concerning completion of this application form please contact our offices for clarification.