

# CONFIDENTIAL

## Application Form for the Post of Independent Mental Health Advocate (IMHA)

Please refer to the attached/accompanying Privacy Notice for Job Applicants

MONITORING INFORMATION

This page will not be given to the short-listing panel but will be detached to help us monitor progress towards equal opportunities. Your help and co-operation is very much appreciated to enable us to do this, but filling in this page is voluntary.

**Application for the post of: Independent Mental Health Advocate Ref No:**

**Office use only IMHA**

**Date of birth:** Click here to enter a date.

**Gender:** Woman  Man  Intersex  Non-binary  Prefer not to say

If you prefer to use your own term, please specify here:

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**What is your ethnicity?**

*Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box*

**White**

English  Welsh  Scottish  Irish  British  Gypsy or Irish Traveller  Prefer not to say

Any other White background, please state: Click here to enter text.

**Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say

Any other mixed background, please state: Click here to enter text.

**Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please state: Click here to enter text.

**Black/African/Caribbean/Black British**

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please state: Click here to enter text.

Any other ethnic group  Please state: Click here to enter text.

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**Religion or belief**

Please describe your religion or other strongly-held belief.

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| --- | --- |
| I would describe my religion or belief as: |  |
| I have no particular religion or belief |  |
| Prefer not to say |  |

**Disability**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (delete as appropriate)? YES / NO

How did you hear about the post? Click here to enter text.

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| **Personal Details Ref No.**  **Office use only IMHA** |

Name: Click here to enter text.

Address: Click here to enter text.

Post Code: Click here to enter text.

Email Address: Click here to enter text.

Tel No: Click here to enter text. Mobile No: Click here to enter text.

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| **Criminal Records** |

**Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.**

Due to the nature of our work this post is excepted from the Rehabilitation of Offenders Act 1974. This means that you need to provide information about any criminal record you have, spent or unspent.

Do you have any previous or outstanding convictions, cautions, reprimands or warnings?

YES  NO

Please note if you have answered yes to this question, we will ask you to supply details of the type of offence, date, sentence, fine etc ONLY if you have been invited for an interview.

You will be asked to consent to a Protecting Vulnerable Groups Scheme Registration or update (PVG) should you be offered the post.

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| Experience Ref No. **Office use only IMHA** |

We would like to know of any formal or informal community activities or voluntary work you have done.

*Please continue on a separate sheet if necessary.*

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| Training |

Please tell us about any training (formal or informal) you have attended, which may be relevant to this post.

*Please continue on a separate sheet if necessary*.

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| Do you hold a current full driving licence? Yes  No  Do you have access to a car? Yes  No |

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| Education/Qualifications (Most recent first) Ref No. **Office use only IMHA** |

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **School/College/University** | **Details of qualifications and levels attained** |
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*Please continue on a separate sheet if necessary*.

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| **Employment History (you may like to include any voluntary work) Ref No.**  **Office use only IMHA** |

**Present or most recent employer:**

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| --- | --- |
| Present Post Title |  |
| When were you appointed to this role? |  |
| Name of Employer |  |
| Address of Employer |  |
| Current Salary |  |
| Please describe your current role and responsibilities |  |
| Reason for leaving? |  |
| If appointed, when would you be free to commence work? |  |

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| **Employment History (Continued) Ref No.**  **Office use only IMHA** |

**Please give details of your previous employment, starting with the most recent. Please continue on a separate sheet if necessary.**

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| Post Title |  |
| Dates and length of service |  |
| Name of Employer |  |
| Address of Employer |  |
| Please describe your role and responsibilities |  |
| Reason for leaving? |  |

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| --- | --- |
| Post Title |  |
| Dates and length of service |  |
| Name of Employer |  |
| Address of Employer |  |
| Please describe your role and responsibilities |  |
| Reason for leaving? |  |

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| **Employment History (Continued) Ref No.**  **Office use only IMHA** |

|  |  |
| --- | --- |
| Post Title |  |
| Dates and length of service |  |
| Name of Employer |  |
| Address of Employer |  |
| Please describe your role and responsibilities |  |
| Reason for leaving? |  |

|  |  |
| --- | --- |
| Post Title |  |
| Dates and length of service |  |
| Name of Employer |  |
| Address of Employer |  |
| Please describe your role and responsibilities |  |
| Reason for leaving? |  |

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| **Supporting Statement Ref No.**  **Office use only IMHA** |

Please make full use of this section to give further information, which will help us decide whether or not to invite you to an interview. It will help your application if you relate your supporting statement to the job role and person specification.

Please include why you are applying and what skills and experience you have.

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| **Supporting Statement (Continued) Ref No.**  **Office use only IMHA** |

*Please continue on a separate sheet if necessary.*

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| **References Ref No.**  **Office use only IMHA** |

Please give the names and addresses of 2 people who we can approach for a reference. One of whom should be your current/most recent employer (paid or unpaid), or school/college.

Name: Click here to enter text. Position: Click here to enter text.

Organisation: Click here to enter text.

Address: Click here to enter text.

How do they know you? Click here to enter text.

Name: Click here to enter text. Position: Click here to enter text.

Organisation: Click here to enter text.

Address: Click here to enter text.

How do they know you? Click here to enter text.

**NB: References will only be taken up after interview.**

Do you describe yourself as disabled? Yes  No

In line with our commitment to ensuring that we are a disability confident organisation we will guarantee an interview for all disabled candidates who meet the minimum selection criteria for the post. The selection of potential employees will however, always be made on merit.

If you consider yourself to be disabled and you are shortlisted for an interview what adjustments would you like us to make in order that you can perform to the best of your ability?

Please give details:

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| --- | --- |
| **I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.** | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

**Please return completed applications to:**

# Pamela Deans, Chief Executive Officer, Dumfries and Galloway Advocacy Service, 9 Church Crescent, Dumfries, DG1 1DF or by E-mail to: [pamela.deans@dgadvocacy.co.uk](mailto:pamela.deans@dgadvocacy.co.uk)

# All enquiries to Pamela Deans, Tel: 01387 247237

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