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|  | **For PAS reference only** |
| Please return your completed form to :  Rebecca Carr, Patients’ Advocacy Service,  The State Hospital , Carstairs, Lanark, ML11 8RP  Email: rebecca.carr5@nhs.scot |  |

Privacy Information

The information you provide will be stored securely on a cloud-based server in the UK and only accessible by the PAS manager. The application form will be sent via email to the Board Members to allow for shortlisting of your application and contact to be made with you to progress your interest. The information will be held for 6 months once received. You have a right to access or amend any information we hold about you, to action this request please contact the service manager on 01555 842078.

**APPLICATION FORM**

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| POST APPLIED FOR: Independent Advocate |

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| **CONTACT DETAILS** |

|  |
| --- |
| FULL NAME |
| ADDRESS |

|  |
| --- |
| TELEPHONE No. Daytime |
| Evening |
| Mobile |

|  |
| --- |
| E-MAIL |

|  |
| --- |
| **CURRENT OR MOST RECENT EMPLOYMENT** |

|  |  |  |
| --- | --- | --- |
| POST TITLE |  | START DATE |
| SALARY & BENEFITS | REASON FOR LEAVING | LEAVING DATE |
| EMPLOYER’S NAME & ADDRESS | | |
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| NOTICE PERIOD: | | |
| DESCRIBE THE MAIN DUTIES & RESPONSIBILITIES IN YOUR PRESENT/MOST RECENT POSITION | | |

**GENERAL**

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| **EXPERIENCE/SUITABILITY/INTERESTS** |

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| **PLEASE OUTLINE YOUR EXPERIENCE, SUITABILITY AND INTEREST IN THIS POSITION.**  Short listing and selection will be based on the requirements set out in the person specification. Please address these requirements in your application, drawing on experience at work or in a voluntary capacity.  Please continue on ONE additional sheet if required. |

## ADDITIONAL INFORMATION

#### Please outline any career ambitions you may have

**WORK HISTORY**

**Please note, gaps in employment history must be justified. Please continue on ONE additional sheet if required.**

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| --- |
| **PREVIOUS EMPLOYMENT (exclude current or most recent)** |

|  |  |  |
| --- | --- | --- |
| EMPLOYER’S NAME & ADDRESS | | |
| JOB TITLE | START DATE | LEAVING DATE |
| BRIEF DESCRIPTION OF MAIN DUTIES AND REASON FOR LEAVING | | |

|  |  |  |
| --- | --- | --- |
| EMPLOYER’S NAME & ADDRESS | | |
| JOB TITLE | START DATE | LEAVING DATE |
| BRIEF DESCRIPTION OF MAIN DUTIES AND REASON FOR LEAVING | | |

|  |  |  |
| --- | --- | --- |
| EMPLOYER’S NAME & ADDRESS | | |
| JOB TITLE | START DATE | LEAVING DATE |
| BRIEF DESCRIPTION OF MAIN DUTIES AND REASON FOR LEAVING | | |

**EDUCATION & TRAINING**

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| --- | --- | --- | --- |
| **EDUCATION (Secondary, Further/Higher)** | | | |
| SCHOOLS, COLLEGES, UNIVERSITIES OR INSTITUTES OF FURTHER EDUCATION | DATES (MONTH/YEAR) | | QUALIFICATIONS GAINED, INCLUDING SUBJECTS, GRADES OR RESULTS EXPECTED |
| FOR M | TO |
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| **PROFESSIONAL QUALIFICATION** |
| DETAILS OF ANY PROFESSIONAL QUALIFICATIONS AND/OR MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS |

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| **IMPORTANT**  **CANDIDATE INFORMTION** |
| NOTES FOR CANDIDATES  1) ONLY SHORTLISTED CANDIDATES WILL BE FORMALLY ADVISED OF THE OUTCOME OF THE APPLICATION  2) A NO SMOKING POLICY APPLIES WITHIN THE HOSPITAL AND ITS GROUNDS. |

**REFERENCES**

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| PLEASE GIVE DETAILS OF TWO REFEREES YOU HAVE WORKED FOR, ONE OF WHICH MUST BE YOUR CURRENT/MOST RECENT EMPLOYER, AND COVERING AT LEAST YOUR LAST SIX YEARS EMPLOYMENT HISTORY. |

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| --- | --- |
| NAME OF ORGANISATION | NAME OF ORGANISATION |
| NAME OF REFEREE | NAME OF REFEREE |
| JOB TITLE | JOB TITLE |
| ADDRESS | ADDRESS |
| POSTCODE | POSTCODE |
| TELEPHONE | TELEPHONE |
| E-MAIL | E-MAIL |
| CAN WE CONTACT PRIOR TO INTERVIEW?  YES NO | CAN WE CONTACT PRIOR TO INTERVIEW?  YES NO |

**SUPPLIMENTARY INFORMATION**

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| --- | --- | --- |
| **DO YOU HAVE A CURRENT DRIVING LICENCE?** | YES | NO |
| **DO YOU HAVE THE USE OF A CAR?** | YES | NO |

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| ASYLUM & IMMIGRATION ACT |
| IT WILL BE A CONDITION PRIOR TO EMPLOYMENT THAT EVIDENCE REGARDING ELIGIBILITY TO WORK IN THE UNITED KINGDOM IS PROVIDED. THIS EVIDENCE COULD INCLUDE A BIRTH CERTIFICATE, P45, PAY SLIP, P60, NATIONAL INSURANCE CARD OR AN APPROPRIATELY ENDORSED PASSPORT |