

MENTAL HEALTH ADVOCACY PROJECT (WEST LOTHIAN) SCIO

**Application Form Ref: AWCA36**

**Advocacy Worker Collective/Individual (Addictions)**

*Your application must reach us by 7th July 2022.*

**PERSONAL DETAILS**. Please note – in the interests of Equal Opportunities, information on this

page will be detached and used only when the short list has been finalised.

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES** Please give details of two referees, one of whom should, if possible, be your current or most recent employer.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree/disagree to you contacting the above referees if I am shortlisted for this post.

(Delete as applicable)

Are there any restrictions on you taking up employment in the UK?

YES  NO 

If yes please provide details

# DISCLOSURE OF OFFENCES

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986. You are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act. Any information will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted in a Court of Law, presently the subject of criminal charges, or been cautioned in respect of any offence?

# YES  NO

If **YES**, please give brief details:

Signature ………………………………………………… Date ……………………….

**Question 1 Education**

**Use the following space to describe any post-school education, training and qualifications you have which are relevant to this post:**

 **Question 2 Employment**

**Please list the complete history of your employment and voluntary work. Please give an explanation for any periods you were not employed. You only need to give detailed descriptions of situations where you gained experience that is particularly relevant to this post. For other situations a brief description will do. Please tell us about your most recent employment first.**

**Please also advise of notice required in current post \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reason for Leaving

Names and details of employer/post

To

From

Dates

**Question 3**

**What issues do you think people with lived or living experience of addictions may face and how do you think individual and collective advocacy can help.**

**Question 4**

**Tell us why you think you are the right candidate for this post?**

**Other Employment**

Please note any other employment that you would continue with if you were to be successful in obtaining the position.

………………………………………………………………….

**Data Protection**

1. We are aware of our obligations under data protection legislation, including the obligation to collect only the data that is required for our specific purpose. The information collected in this application form is specific to our recruitment exercise and necessary for the performance of the role that you have applied for. If you are recruited for the role you have applied for, or any other role you are offered by us, the information provided will then be used for the purposes of your employment with us, together with further information collected upon recruitment for those purposes.
2. We will treat all personal information about you with utmost integrity and confidentiality. Our data protection policy sets out our approach to ensuring that your data is processed in line with the data protection principles within current data protection legislation.

**Declaration**

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that should I be successful in this application, I will be required to submit to an Enhanced PVG Scheme Disclosure. Any disclosure made by CRBS/Disclosure Scotland will remain strictly confidential. I understand that should the disclosure not be to the satisfaction of the MHAP, any offer of employment may be withdrawn or my employment terminated.
3. I agree that any information held within my application will be retained in my personnel file during employment and that information will be processed in accordance with the Data Protection Act.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_