



## PEER ADVOCACY IN MENTAL HEALTH

### APPLICATION FORM

Please complete this form and return by **Friday 23<sup>rd</sup> February at 1pm.**

Late applications will not be considered. This application form takes the place of a curriculum vitae. Candidates must outline clearly how their qualifications and experience meet both the essential and preferred requirements. All information given will be treated with the strictest confidence.

1. *Position:* *Peer Advocate* *Ref. No. IAN-BT 02 24*

### 2. Personal Details

|                     |                 |
|---------------------|-----------------|
| Mr/Mrs/Ms:          |                 |
| Surname:            |                 |
| Forenames:          |                 |
| Address:            |                 |
| Personal Mobile No: | Work Mobile No: |
| Home Telephone No:  |                 |
| Email Address:      |                 |

|  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Do you have the right to work in the UK?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Note: The Company will require proof of this right before an offer of employment can be confirmed your Birth Certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996 will be needed. |     |                          |    |                          |

### 3. Education

**Irish Advocacy Network CLG trading as Peer Advocacy in Mental Health**  
**Head Office:** First Floor, The Tannery Building, 53 – 56 Cork Street, Dublin 8, D08 X31R. Tel: (01) 5470510  
**Belfast Office:** Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH  
**Company Registered No:** 396641 **Charity No:** CH14403



| From | To | Type of School<br>(i.e. Grammar/Secondary) | Examinations taken &<br>Qualifications gained (specify<br>Grades) * |
|------|----|--|---|
|      |    |  |   |

\*If no examinations or qualifications, please mark N/A

#### 4. Further / Higher Education/Training Courses

| From | To | Name of Training<br>College / Institution<br>(state if Full- or<br>Part-time) | Subject taken & Qualifications<br>gained: |
|------|----|---|---|
|      |    |   |   |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**5. Employment Record** *(Please list chronologically, starting with current or last employer and include voluntary work)*

Gaps in your employment record due to illness will not prejudice this application

| Name & Address of Employer & Nature of Business | From:<br>To: | Job Title & Job Function/Responsibilities | Final Salary & Reason for Leaving |
|---|--------------|---|-----------------------------------|
|   |              |   |                                   |

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7. Have you completed Accredited Peer Advocacy Training in the last 5 years?    Y     N

8. Additional information you feel may be relevant to this post.

N.B. please use additional pages if necessary

**7. Disability Discrimination Act 1995**

Section 1 of this Act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities'.

Using this definition, would you consider yourself to be disabled?    Y     N   
*(Please tick as appropriate)*

If yes, do you require any special arrangements to be made to assist you if called for interview?  
*(Please provide details)*

**9. Referees**

Please give the details of two referees, including your current or most recent employer. Referees will not be contacted without your prior approval.

|       |       |
|-------|-------|
| Name: | Name: |
|-------|-------|





|                          |                          |
|--------------------------|--------------------------|
| Position:                | Position:                |
| Company:                 | Company:                 |
| Address:                 | Address:                 |
| Telephone No:            | Telephone No:            |
| Relationship to Referee: | Relationship to Referee: |

**10. Verification of Information**

I certify that all information which I have provided in this application is correct. I understand that any false information given may result in a job offer being withdrawn.

Signature:

Date:

**Completed Applications must be returned by post or email to:**

Peer Advocacy In Mental Health,  
 1<sup>st</sup> Floor, The Tannery Building,  
 54-56 Cork Street,  
 Dublin 8. D08 X31R

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Tel: +353(01) 547 0510 / 00 44 078352 55460  
Email: [recruitment@Irishadvocacynetwork.com](mailto:recruitment@Irishadvocacynetwork.com)

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