

MENTAL HEALTH COMMISSION

Application Form



Please return the completed form to:

Clerk to the Mental Health Commission PO Box 86 Douglas Isle of Man IM99 3SD

Or email the completed form to: mhc.clerk@gov.im

If completing this form by hand, please use a black ballpoint pen; this ensures better quality photocopies. Attaching a full CV is encouraged, but is not essential. Application Form Version: September 2021

Body applied for	Mental Health Commission	
Please indicate position(s) applied for (Chair/Member/Otherspecify)	Lay Member	
(спанутеньстуоченэрссну)		
1. Personal Details		
Title (Mr/Mrs/Miss/Ms/Otherspecify)		
Surname		
First Name(s) in full		
Any Previous Names		
Home Address		
	Postcode	
Telephone Number		
Mobile Number		
E-mail		
I give permission for this email address to be used for correspondence in respect of this application Yes No		
Date of Birth		
Health Status:	Do you have a disability? Yes No	
If Yes please supply details on a separate sheet, including any assistance you may need to attend for interview or to participate.		

2. Qualifications			
Please list relevant educational, professional or vocational qualifications			
2 Rolevant Ev	navianza		
3. Relevant Ex		Continue on a compute about if we wired	
and attach to this s	ails of your career history and other relevant experience section.	e. Continue on a separate sneet if required,	
Dates from and to	Details (including positions held and nature of work)	Name/Address of Employer or Organisation	
Please provide deta	ils of any public appointment held, involvement in the	community or voluntary experience.	
Dates from and to	Details (including positions held and nature of work)	Name/Address of Employer or Organisation	

Please continue on a separate sheet if required and attach to this section.

4. Information in Support of Ap	plication
b) Please confirm that you have un	rication and provide evidence of how you meet the requirements for the role; derstood the time commitment for the role; mation about personal experience, skills and/or disposition you consider to be
5. References	
They will be expected to have authorite	not a relative) who may be asked to act as referees for you. ative and personal knowledge of your abilities or experience. the referee prior to providing their details on this form.
Please Note: If you are an existing seek feedback from the Chair of such T consent to the Commission to make the Chairman of the Tribunal you serve on,	member of a Tribunal or other related function, the Commission may ribunal as to your term of office. Your application, on this form, will be deemed a Chairman aware of your application. There is no bar to your requesting the to act as a referee for this application.
Reference One:	
Name	
Address	
	Postcode
Telephone Number	1 oscode
E-mail	
	from this referee prior to providing details on this form Yes No
I confirm that this email address may l Reference Two:	be used for correspondence in respect of my reference Yes No
Name	
Address	
	Doctordo
Talankana Ne	Postcode
Telephone Number	Postcode
Telephone Number E-mail	Postcode
E-mail	Postcode from this referee prior to providing details on this form Yes No

6. Potential Conflicts of Interest

Please give details of any business or any private, voluntary, charitable or political interest which might be material or relevant to the work of the body concerned or cause embarrassment to the Department, or the Commission. These could include financial interests or share ownership, membership of societies, activities associations or employment of a partner or friend in the particular field in which the public body operates. Please see the Guidance Note regarding Conflicts of Interest for further information.

Any potential conflicts of interest detailed here will not prevent your application being considered, but may be explored with you as part of the appointments process. Criminal Offences and Disciplinary Procedures If the answer to any of the questions below is **Yes**, please submit a separate sheet containing further details. Have you ever been the subject of a professional disciplinary enquiry? Yes No Yes No Have you ever been suspended, dismissed or asked to resign from any employment? Have you ever been barred from entry to any profession or occupation? Yes No Is there any outstanding civil litigation against you? Yes No Have you ever been declared bankrupt? Yes No Do you hold a criminal conviction that is not considered spent in accordance with the Yes No Rehabilitation of Offenders Act 2001? Are you currently the subject of any criminal proceedings? Yes No The following question is only for vacancies considered exempt under the Rehabilitation of Offenders Act: (If you are unsure as to whether the vacancy for which you are applying is exempt under the Rehabilitation of Offenders Act 2001, please refer to the information pack of the vacancy for details). Have you ever been convicted of a criminal offence? Yes No Declaration I declare that to the best of my knowledge the information submitted in this application is true and accurate. I understand that if any details I have given are found to be false, or that I have withheld relevant information, my application may be disqualified or, if already in appointment, my appointment terminated. I understand that personal details about me will be held electronically and manually for appointment purposes, subject to the requirements of the Data Protection Act 2018. I have also read the information pack and can confirm that I am eliqible to be considered for appointment to this body. I also certify that I will immediately inform the Department of Health of any change in circumstances that affect the answers I have given. Signed Date / /