

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/Other.....*specify*)

Lay Member

1. Personal Details

Title (Mr/Mrs/Miss/Ms/Other.....*specify*)

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.

4. Information in Support of Application

- a) Please refer to the person specification and provide evidence of how you meet the requirements for the role;
- b) Please confirm that you have understood the time commitment for the role;
- c) Please indicate any further information about personal experience, skills and/or disposition you consider to be relevant.

5. References

Please give the details of two people (not a relative) who may be asked to act as referees for you. They will be expected to have authoritative and personal knowledge of your abilities or experience. Applicants should seek the consent of the referee prior to providing their details on this form.

Please Note: If you are an existing member of a Tribunal or other related function, the Commission may seek feedback from the Chair of such Tribunal as to your term of office. Your application, on this form, will be deemed consent to the Commission to make the Chairman aware of your application. There is no bar to your requesting the Chairman of the Tribunal you serve on, to act as a referee for this application.

Reference One:

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Telephone Number	<input type="text"/>
E-mail	<input type="text"/>

I confirm that I have obtained consent from this referee prior to providing details on this form Yes No

I confirm that this email address may be used for correspondence in respect of my reference Yes No

Reference Two:

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Telephone Number	<input type="text"/>
E-mail	<input type="text"/>

I confirm that I have obtained consent from this referee prior to providing details on this form Yes No

I confirm that this email address may be used for correspondence in respect of my reference Yes No

