

Adult Mental Health Transformation Programme

Service user and Carer application form

Name		
Address		
Postcode		
Borough		
Telephone number		
Email address		
Are you: (Please tick)	Service user	A carer

Please tell us why you would like to become a user representative for the London Adult Mental Health Transformation Programme

- What interests you about this role?
- What would you like to gain from this role?

Please tell us about any skills and experiences that would help you in this role? This could be paid, voluntary or life experience.

Please tell us about your relevant areas that are of interest to you.

Please tell us about any training or qualifications that may be relevant to this role.

All committee members are subject to **DBS disclosure**.
I understand that this role is subject to a DBS check (please tick)

Do you have a permit to work in the UK?

Please give us details of **two references** (work or personal).

	Reference 1	Reference 2
Name		
Relationship to person		
Telephone number		
Email address		

Please tell us if there are any 'reasonable adjustments' we can make to support you in your application or with our recruitment process.

Please return the application form to:
hr@advocacyproject.org.uk or Abigail Seckley
The Advocacy Project
73 St Charles Square
London
W10 6EJ

To speak to someone about the role, ask for a paper copy of the application form or to complete the application form on the phone, please call **020 3960 7910**.

How did you hear about this role? _____



Date

Signature

Thank you for completing this form. The Advocacy Project will store your personal information safely and securely and will only use it for the purpose of delivering our services, as we have detailed in our Privacy Policy. The Privacy Policy can be found here <https://www.advocacyproject.org.uk/privacy-policy/> or you can ask for a copy.

The Advocacy Project records are held in accordance with current Data Protection legislation.