**PEER ADVOCACY IN MENTAL HEALTH**

**APPLICATION FORM Job Ref: PAMH Belfast062025**

Please complete this form and return by **5pm on date 30th July 2025.** 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. PAMHBelfast062025*

**2. Personal Details**

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

**3. Education**

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Type of School | Examinations taken &  Qualifications gained |

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

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

Subject taken & Qualifications gained (specify Grades or

Degree Class Obtained) \*\*

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Name of College institution/ Training Body** | **Subject taken & Qualifications gained ( Specify Grades or Degree Class Obtained)** |

\*\* If none, please mark N/A

**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:**  **To:** | **Job Title & Job**  **Final Salary & Function/Responsibilities** | **Reason for Leaving** |

**6. Suitability for this Position**

Please detail your suitability for this Position under the essential criteria below.

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| --- |
| 1. Describe your self-experience of using mental health services and your level of recovery    2. Demonstrate your knowledge of the needs of people experiencing mental health problems |

|  |
| --- |
| 3. Can you give examples of your skill in communicating in an effective manner both written and orally.    4. Give examples of a team you worked with and how you worked within that team.  5. Are you proficient in Microsoft Outlook, Excel, Word and PowerPoint?  6. Do you have a clean, current full driving licence?    Have you a car / access to a car for business use?  7. Have you completed Accredited Peer Advocacy Training?  Are you willing to undertake this training? Yes 🞏 No 🞏  8. Additional information you feel may be relevant to this post. |

N.B. please use additional pages if necessary

**7. 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** | **CONTACT NUMBER & EMAIL** |
|  |  |

**8. Verification of Information**

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| --- |
| 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.,

1st Floor, The Tannery Building,

54-56 Cork Street,

Dublin 8. D08 X3IR

Tel: +353(01) 547 0510

Email: recruitment@irishadvocacynetwork.com