## W:\Mental Health\CLV\Visitors\Operations\Stationery and brochures\Logo\CMYK\png\MHAS Acronym Logo.pngAPPLICATION FORM

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| --- |
| **APPLICANT TO COMPLETE**: |
| 1. Applicant’s name:
 |       |
| 1. Address:
2. Are you of Aboriginal or Torres Strait Islander descent?
 |      [ ]  Yes [ ]  No |
| 1. Do you have access to a 3G/4G phone which is password protected and not shared with anyone?
 | [ ]  Yes [ ]  No |
| 1. Do you have access to a computer, tablet or notebook with virus and security protection?
2. Do you have access to a registered and comprehensively insured motor vehicle to use when providing services as a mental health advocate?
 | [ ]  Yes [ ]  No [ ]  Yes [ ]  No  |
| 1. Email:
 |       |
| 1. Telephone:
 |       |
| 1. Mobile number:
 |       |
| 1. Times and days available to work:
2. Do you have a current\*:
3. Police Clearance Certificate or Criminal Record Screening
 |      [ ]  Yes [ ]  No  |
| 1. Working with Children Check?
 | [ ]  Yes [ ]  No  |
| 1. Do you have a possible conflict of interest pursuant to s373 of the Act?
 | [ ]  Yes [ ]  No  |
| If yes, please provide details: |       |
| 1. Have you taken a severance from the WA State government?
 | [ ]  Yes [ ]  No  |
| If yes, please provide details:1. How did you hear about the vacancy?

*\*Please bring with you to an interview if shortlisted.* |            |

## Referee Reports

1. The applicant is required to provide the names and contact details of two referees who can substantiate the applicant’s claims against the qualitative requirements.
2. These referees may be contacted to verify claims of work related requirements, and should be willing to provide written information about the applicant to the selection panel against the work related requirements. The following tables will need to be completed by each applicant.

### **Referee one**

|  |  |
| --- | --- |
| Referee’s name: |       |
| Company name: |       |
| Position: |       |
| Relationship to applicant: |       |
| Contact telephone number: |       |
| Contact email: |       |

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### **Referee two**

|  |  |
| --- | --- |
| Referee’s name: |       |
| Company name: |       |
| Position: |       |
| Relationship to applicant: |       |
| Contact telephone number: |       |
| Contact email: |       |