**Mental Health Act Peer Reviewer 2021**

**APPLICATION FORM**

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|  | Your personal details |  |
|  | Title:  |  |  |
| Forename(s):  |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Contact number(s) |  |
| Email address: |  |
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| **Professional qualifications:**

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| **Professional qualifications attained and other relevant training:** please include professional qualifications and any relevant training completed (for example Safeguarding, DoLs, MCA, Equality & Diversity etc)

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| **Qualification** | **Date attained** | **Awarding Body** |
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| **Job history:**

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| Please provide details of your current or most recent role.

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| **Employer name & location** | **Position held and key responsibilities** | **Date range** |
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Please provide brief details of your previous roles

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| **Employer name & location** | **Position held and key responsibilities** | **Date range** |
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| **Supporting Evidence** (no more than 300 words per question)**:**

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| Please tell us about your professional experience with regard to reviewing statutory mental health act documentation. How did you assess quality, and what was the outcome? |

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| Please provide an example of a time when you have delivered challenging feedback to Peers and/or more Senior staff. What was the outcome? |

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| Please provide an example of a time when you have had to deal with a patient complaint. What was your role? How did you ensure you kept the patient informed about the process and findings? |

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| Please provide an example of a time when you have been involved  in a change that resulted in an improvement to the service offered to patients. What was your role, and what was the outcome? |

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| Please provide an example which demonstrates your experience of quality assurance or audit processes. Tell us about your role, what did you did, and the outcome.  |

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| **Reference 1 :**

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| **Title:** | **Full Name:** |
| **Address (incl. Post Code):** |
| **Telephone Number:** |
| **Email Address:** |

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| **Reference 2 :**

|  |  |
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| **Title:** | **Full Name:** |
| **Address (incl. Post Code):** |
| **Telephone Number:** |
| **Email Address:** |

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| **How did you hear about this vacancy?** |
| Please provide details here: |  |
| **What is your preferred language for communicating with HIW?** (e.g. verbally or in writing) – place an x in the box.

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| **Welsh** |  | **English** |  | **Welsh and English** |  |
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| **Personal Data**Your privacy is important to the Healthcare Inspectorate Wales as part of the Welsh Government and in line with General Data Protection Regulations (GDPR) we have developed a Privacy Notice that covers why we collect and use your information.Our Privacy Notice can be found at: <http://hiw.org.uk/terms_and_conditions/privacynotice/> |

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| Once complete, please submit via email to HIW.Inspections@gov.wales….Thank you |