

Northern Ireland



Our ref:

Application for Legal Adviser

Please read the accompanying Information Pack to ensure that you meet the eligibility criteria for the role of Legal Adviser before you complete your application.

The closing date and time for applications is **Friday 08 September at 4:00pm.**

Part 1: Your Personal Details (Click or tap here to enter text)

Title:

Forename:

Surname:

Home Address:

Telephone:

Mobile:

Email:

Work Address:

(if applicable)

Job Title:

(if applicable)

Telephone:

Mobile:

Email:

Part 2: Qualifications (Click or tap here to enter text)

Are you a solicitor enrolled on the Roll of Solicitors in Northern Ireland
or are you a barrister called to practise in Northern Ireland?

Yes

No

Year of qualification / call:

Part 3: Registration Details (Click or tap here to enter text)

Please confirm that you are a member of your professional
regulatory body:

Bar Council

Law Society

Name you are registered under:

Registration number or equivalent:

Date of registration:

Part 4: Disciplinary Proceedings (Click or tap here to enter text)

Have you ever been subject to disciplinary proceedings by your professional body?

Yes

No

If yes, please provide full details including the date of proceedings, a summary of events which led to those proceedings, the action taken by your professional body and, if available, provide a copy of the determination of the professional body concerned:

As far as you are aware, are you currently the subject of a complaint against you to your professional body?

Yes

No

If yes, please summarise the details of the complaint:

Part 5: Criminal Record (Click or tap here to enter text)

Do you have any convictions which are not spent in accordance with the Rehabilitation of Offenders (Exceptions) Order Northern Ireland 1979 as amended, or any cautions, fixed penalties (other than minor motoring offences), conditional discharges or charges pending, or have you been bound over, in the UK or any other country?

Yes

No

If yes, please give details:

Have you any investigations pending?

Yes

No

If yes, please give details:

Part 6: Criminal Record (Click or tap here to enter text)

Please provide a Curriculum Vitae along with your application form, which should include details of your:

- Current and previous appointments or experience relevant to this application; and:
- Professional qualifications.

Part 7: Essential Criteria (Click or tap here to enter text)

Please demonstrate by examples how you meet the experience and criteria required as outlined in the Information Pack. Please continue on a separate sheet if necessary.

1. Significant and suitable experience, which is deemed to be: at least three years' experience within the last five years providing legal advice to a health or social care professional regulatory Committee; or at least three years' experience within the last five years appearing before a health or social care professional regulatory Committee.

Continue on next page

Please demonstrate by examples how you meet the experience and criteria required as outlined in the Information Pack. Please continue on a separate sheet if necessary.

2. A clear understanding of the role and purpose of the Social Care Council.

3. Up to date working knowledge of relevant case law which may impact upon Social Care Council proceedings.

Continue on next page

4. Possess highly effective oral and written communication skills, including the ability to provide clear and succinct legal advice to Committees during hearings, and also the ability to communicate technical legal issues effectively to a lay audience.

Continue on next page

5. Commitment to the Seven Principles of Public Life.

On how many occasions have you provided legal advice to a healthcare regulatory Committee or presented to a healthcare regulatory Committee in the last five years?

Are you able to commit to sitting at least 15 days each year?	Yes	No
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Part 8: References (Click or tap here to enter text)

Please provide details of two people, at least one of whom should know you in a professional capacity, willing to support your application and comment on your suitability to undertake the role outlined in the Personnel Specification.

Title:	Title:
Name:	Name:
Occupation:	Occupation:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

Part 9: Data Protection (Click or tap here to enter text)

The information on this application form will be held securely and will not be divulged to anyone outside the organisation. Information on successful candidates may be held indefinitely. Information on unsuccessful candidates will be held for up to one year.

We reserve the right to verify the information you have provided and seek information from other sources.

The information on the equal opportunities monitoring form will only be used for monitoring purposes. Any information required for statistical analysis will be used anonymously.

Part 10: Declaration (Click or tap here to enter text)

I confirm that to the best of my knowledge and belief, the information given in this form is complete and correct. I understand that if I am appointed and the information I have provided is subsequently found to be untrue that my appointment may be terminated.

Signature:	Date:
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This form should be completed and returned with your CV to: niscc.committee@hscni.net.