



Northern Ireland Social Care Council

Application Form

For Role of Legal Adviser

May 2018

Application Form for Role of Legal Adviser

In Confidence

Please complete electronically or in black ink.

Reference Number:

PART ONE: YOUR PERSONAL DETAILS

Title: _____

Forename(s): _____

Surname: _____

Home Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Business Address: _____

(if applicable) _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Please tick which address you would prefer us to use for correspondence:

Home Address []

Business Address []

QUALIFICATIONS

Please specify your qualifications:

- Barrister at Law qualified to practise in Northern Ireland
- Solicitor qualified to practise in Northern Ireland

- Date of Qualification

Day	Month	Year

REGULATORY BODY

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

- Bar Council
- Law Society

Name you are registered in: _____

Registration Number or equivalent: _____

- Date of Registration

Day	Month	Year

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

Yes No

If yes, please attach details of the disciplinary proceedings including:

- the date of the proceedings;
- a summary of events which led to those proceedings;
- the action taken by your disciplinary body;
- if available, a copy of the determination of the professional body concerned.

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

Yes No

Please summarise the details of the complaint:

CRIMINAL RECORD

A. 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:

B. Have you any investigations pending? Yes No

If yes, please give details:

PART TWO: YOUR EXPERIENCE

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;
- Professional qualifications.

PART THREE: ESSENTIAL CRITERIA

- A. Please demonstrate by examples how you meet EACH of the essential criteria as outlined in the Information Pack. Failure to do so may result in you not being shortlisted. Please continue on a separate sheet if necessary.

B. On how many occasions have you acted as Legal Adviser to a health care regulatory Committee in the last three years?

C. Are you able to commit to sitting at least 15 days each year? Yes No

If no, how many days can you commit to this work?

PART FOUR: REFERENCES

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.

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Tel No: _____

Tel No: _____

Email: _____

Email: _____

How do you know them?

How do you know them?

PART FIVE: DATA PROTECTION

The information on this application form will be held securely, both manually and on NISCC's computer database 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 SIX: DECLARATION

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, then my appointment may be terminated.

Signed: _____

Date: _____