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| Macintosh HD:Users:mark_teagles:Documents:Work In Progress:RMI regional committee role description:personal.jpg  **Name:** |  |
| **Address:** |  |
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|  |  |
|  |  |
|  |  |
| **Home telephone number:** |  |
| **Mobile phone number:** |  |
| **Email address:** |  |
| **Date of birth:** |  |
| **Membership number:** |  |

**Please note**

* Rethink Mental Illness staff members cannot be considered for places on Regional or   
  National Committees.
* All Regional and National Committee Members must pay the current Rethink Mental Illness membership fee.



The Regional Committee would like to recruit a diverse mix of people with a wide range of skills to work together to improve the lives of everyone affected by mental illness. The information on this form will help the committee members involved in recruitment process to decide who is most able to fill Regional Committee vacancies.

If your application is successful, this form will be kept on file during your term of office as a Committee member and for 6 months after the end of your term of office.

*If your application is unsuccessful, this form will be kept on file for six months.*



Rethink Mental Illness will use the personal information you provide in this form for the purposes of administering your application to become a Regional Committee member. 

We may share your information with current Regional Committee members. For more information on how we handle your personal information, please see our privacy policy at: <http://www.rethink.org>

* I consent for Rethink Mental Illness to share and store my personal information in accordance with the provisions of the Data Protection Act.
* As part of the recruitment process we will share your application information with Committee Members and staff involved in the recruitment process. Please tick to give your consent to sharing the information you give with the committee members involved in recruitment.

Please identity any of the following interests and experience you may have. This may have been through current or previous employment or through voluntary work or other more personal experience.

The information will only be shared with Regional Committee members and staff involved in the recruitment process.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick appropriate boxes**

|  |  |  |
| --- | --- | --- |
| **Special interests** |  | Campaigning/Lobbying |
|  |  | Media |
|  |  | Involvement/volunteering |
|  |  | Carer service |
|  |  | Early intervention |
|  |  | Housing |
|  |  | Employment Services |
|  |  | Criminal Justice |
|  |  | Other |
|  |  | Please specify: |

**Please tick appropriate boxes**

|  |  |  |
| --- | --- | --- |
| **Skills/Experience** |  | Business/Marketing |
|  |  | Legal |
|  |  | Financial |
|  |  | Human Resources/Workforce Development |
|  |  | Communications |
|  |  | Public Relations |
|  |  | Committee Work |
|  |  | Teaching/Learning |
|  |  | Health & Social Care |
|  |  | Presentation/Public Speaking |
|  |  | Strong Local Networks |
|  |  | Other: |
|  |  | Please specify |

**Tell us something about you**

**1. Why do you wish to join a Rethink Mental Illness Regional Committee?**

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**2. What skills and experiences will you bring? How do you feel they will contribute to the work of the Regional Committee?**

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**3. Are you involved with any other organisations or forums?**

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**4. Are you or have you been involved with Rethink Mental Illness in any other capacity?   
If so, please tell us about it.**

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**5. Do you know anyone who is already a Rethink Mental Illness Regional Committee member or involved in Rethink Mental Illness work?**

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**6. Will you need any support with the Regional Committee role or attending meetings?   
Please state briefly the support you may need.**

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**7. Is there anything else you want to tell us?**

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**8. How did you hear about Rethink Mental Illness?**

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Please complete the table below. This will help the recruitment process to determine the best balance of skills and experience for the Regional Committee.

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| **Status:** |  | Carer |
|  |  | Service User |
|  |  | Relative of a person with a mental illness |
|  |  | Mental health professional |
|  |  | Other: |
|  |  | Please specify |

Signed: ……………………………………………………………..

Date: …………………………………………………………………

Please return this form to:

**Keith Pryce  
Governance Officer**

**Rethink Mental Illness**

**The Shakespeare Centre**

**45/51 Shakespeare Street**

**Southport**

**Merseyside PR8 5AB**

**01704 511014**

**Or email to** [**governance@rethink.org**](mailto:governance@rethink.org)