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|  | **DEPUTY CHAIR TO THE NATIONAL HEALTH SERVICE TRIBUNAL** |

# Application Form

*Please refer to the candidate information booklet for further details on eligibility and details of the selection criteria*

## Applicant Information

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| Full Name (including title): | |  | | | | | | | |
|  | |  | |  | | |  | | |
| Address: |  | | | | | | | | | |
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|  |  | | | | |  | | |  | | |
| Telephone: |  | | Email | |  | | | | | | |

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| --- | --- | --- | --- | --- |
| Date of Birth: |  |  |  |  |

## Qualifications & Attainments & Appointments

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| **Accreditation Body (University / Diplomas / Certificates/ College or other institution) / Appointments** | **Dates** | **Accreditation / Qualification Awarded** |
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## Conflict of interest

Are you aware of any possible conflict of interest, which might arise personally or in relation to your connections with any individuals or organisations, should you be appointed?

Conflicts of interest are not normally a barrier to appointment as long as they are appropriately managed and / or resolved, and this may be explored at interview.

No  Yes

If you selected yes – please provide further details

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## Self-Assessment

The following section asks you to give examples of where you have demonstrated the skills and knowledge and competencies/criteria required for this appointment. The examples you choose need not only come from your working life but may also include home life, voluntary activities and the like. Please note that job titles etc. on their own will not be taken as evidence of meeting the criteria and the selection panel will not make assumptions based on titles alone.

For each example you should state in what capacity you acquired the skills and knowledge i.e. what did you do, how did you do it, why did you do it and what was the result.

Please limit your response to 400 words per section.

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| 1. **Leadership** |
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| 1. **Working with others** |
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| 1. **Analysis & Exercising Judgment** |
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| 1. **Written and Oral Communications** |
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## Additional Information

Is there is any further information which you consider to be relevant to your application?

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## Reasonable Adjustments

In the event that you have a disability or health difficulty, reasonable adjustments can be made to ensure that you can participate in the selection process fairly. Please identify any adjustments you might need to be made to our process.

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If you would like to discuss any reasonable adjustments, which may be needed prior to submitting your application or in advance of any interview, please contact Ryan Gare at: [judicialofficeforscotland@scotcourts.gov.uk](mailto:judicialofficeforscotland@scotcourts.gov.uk)

## Disclaimer and Signature

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that, if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified.

I understand that

* if my application is unsuccessful my personal information will be held until 90 days after the appointment of the successful applicant; or
* if my application is successful, my personal information will be held for the duration of my appointment.

Under the terms of GDPR and the Data Protection Act 2018, I agree that the information given in the application and monitoring forms may be processed to provide management information for appointment.

Signature: Date:

You should return this form in an electronic format by **5pm, XX XX 2024** to:

**Email:** [**judicialofficeforscotland@scotcourts.gov.uk**](mailto:judicialofficeforscotland@scotcourts.gov.uk)

**Alternatively, by post to:**

Mr Ryan Gare

Deputy Head of Strategy & Governance

Parliament House

Edinburgh

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