**Application Form**

**Mind Quality Mark (MQM) Services Reviewer**

Please refer to the role description and person specification when completing the application form.

**Your contact details:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Local Mind Connection (if applicable) |  |

**Please complete the following questions**

|  |  |
| --- | --- |
| 1 | Why are you interested in becoming an MQM Mind Services reviewer? (max 200 words) |
|  |  |
| 2 | What experience, knowledge and abilities can you bring to the role? (max 500 words). Please refer to the personal specification in your response. |
|  |  |
| 3 | What support would be beneficial to you in the role? (max 200 words) |
|  |  |

**Please provide details of one referee:**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Telephone |  |
| Email |  |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this application by email to** [**mqm@mind.org.uk**](mailto:mqm@mind.org.uk) **by 12:00 midday on the 21st of February 2022**