



"Your Say" advocacy service for people of all ages with a learning disability.

# FREELANCE ADVOCATE APPLICATION FORM

Name:-.....

Address:-.....

.....

.....

.....

Tel no(s) Day.....

Eve.....

Mobile.....

Current employment details: -

Employers details	Position held	Brief description of duties.

*Most Freelance Advocates hold positions in addition to their Advocacy work. This can present some issues of conflicts of interest and may require you to seek confirmation from your existing employer that you are able to engage in other work.*

**Please detail any conflicts of interest you can foresee as an Advocate: -**

.....

.....

.....

**Previous employment history - including any voluntary work.**

<b>Employing agency and Position held</b>	<b>Dates from-to</b>	<b>Brief description of duties.</b>

**Qualifications and training: -**

*Please give details of any educational attainments as well as any other training courses (either professional or vocational) which are relevant to this work or service user group.*

Dates	Qualifications or Course title.

**Please use this space and additional paper if needed to detail the skills you believe that you can offer as an Advocate using examples if possible to support your application.**

**References: -**

*Please give the names of two people able to provide you with a reference. If possible at least one of these should be a current or previous employer.*

**1. Name: -**

**Position held: -**

**Address: -**

**2. Name: -**

**Position held: -**

**Address: -**

**Tel No: -**

**Tel No: -**

Reference will only be taken up following successful interviews.

**“Your Say” welcomes all applications regardless of gender, race, disability or social circumstances.**

**Please return this application form to: -**

**Kirstie Mann**

**“Your Say”**

**B1 the Old Brewery**

**Lodway**

**Pill**

**Bristol**

**BS20 0DH**