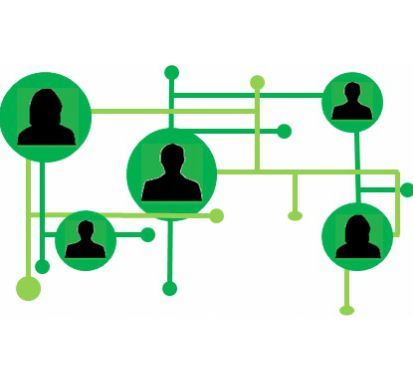


**Mentor Membership Application**

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**UMHAN Membership Application for Mentors**

**Check List**

**☐** Personal details (section 1, page 3)

**☐** Professional qualifications (section 2, page 4)

**☐** Professional Body Membership/Registration (sections 3a and 3b, pages 4-5)

**☐** Current professional role (section 4, page 6)

**☐** Supervision (section 5, page 6)

**☐** References (sections 6a and 6b, page 7-9)

**☐** Disclosure (section 7, page 10)

**☐** Declaration (section 8, page 11)

**Mentor Membership**

This form is for completion by mentors who meet the following criteria, please check:

**☐** Already registered as a specialist mental health mentor with [DSA QAG](http://www.dsa-qag.org.uk/practitioners/nmh-providers/registering-as-a-nmh-provider) on the basis of registration with another approved professional body or register\* and able to evidence membership, more information can be found [here](http://www.dsa-qag.org.uk/docman-public/assessors-tab/1892-mandatory-criteria-for-nmh-registration-v2-6-1/file).

\*Other equivalent professional body membership will be considered. For more information please contact us.

If you are not already registered as a specialist mental health mentor with DSA-QAG and/or do not hold current membership with a DSA-QAG approved professional body please contact us for more information.

**Please return your completed application to** [**umhan@live.co.uk**](mailto:umhan@live.co.uk)

**Please take care when submitting your application that it is completed, legible and professionally presented. All attachments should be sent in the same email to avoid delay. Incomplete or illegible applications cannot be processed and may cause delays.**

**1. Personal Details**

|  |  |
| --- | --- |
| **First Name:** Click or tap here to enter text. | **Surname:** Click or tap here to enter text. |
| **Job Title:** Click or tap here to enter text. | |
| **Higher Education Institution/Organisation/Location:** Click or tap here to enter text. | |

|  |  |
| --- | --- |
| **Email Address:** Click or tap here to enter text. | **Telephone Number:** Click or tap here to enter text. |
| **Postal Address\***  **Address Line 1:** Click or tap here to enter text.  **Address Line 2:** Click or tap here to enter text.  **City/Town:** Click or tap here to enter text.  **County:** Click or tap here to enter text.  **Post Code:** Click or tap here to enter text.  ☐ This is the address which will be used on any invoice correspondence.  UMHAN usually corresponds with members over email, although there may be occasion where postal correspondence is necessary. **If the details you wish to be included on the UMHAN public register differ from the above please let us know. This information can be communicated to us the Public Register Form.** | |

|  |
| --- |
| **Payment will be made by:** Click or tap here to enter text. |
| **Address for invoice correspondence, if different from personal postal address:**  **Address Line 1:** Click or tap here to enter text.  **Address Line 2:** Click or tap here to enter text.  **City/Town:** Click or tap here to enter text.  **County:** Click or tap here to enter text.  **Post Code:** Click or tap here to enter text. |

**2. Professional Qualifications**

Please list relevant qualification only. This information will be used when considering your application.

|  |  |
| --- | --- |
| **Course Level and Name** (e.g. BSc Mental Health Nursing or DSA MHM Route 1)**:**  Click or tap here to enter text. | |
| **Institution Name:**  Click or tap here to enter text. | **Year completed:**  Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Course Level and Name** (e.g. BSc Mental Health Nursing or DSA MHM Route 1)**:**  Click or tap here to enter text. | |
| **Institution Name:**  Click or tap here to enter text. | **Year completed:**  Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Course Level and Name** (e.g. BSc Mental Health Nursing or DSA MHM Route 1)**:**  Click or tap here to enter text. | |
| **Institution Name:**  Click or tap here to enter text. | **Year completed:**  Click or tap here to enter text. |

**3. Professional Membership/Registration**

Please list any relevant, current and previous memberships of DSA-QAG approved professional associations. Information about DSA-QAG approved professional bodies can be found [here](http://www.umhan.com/uploads/3/4/0/9/3409780/dsa_qag_approved_professional_bodies.pdf). Other equivalent professional body memberships will be considered, providing you have successfully registered with DSA-QAG on the basis of this membership. For more information please contact us.

**3a) Current Memberships**

Where possible, current professional body membership must be more than 12 months from expiration at the point of UMHAN application. Where your professional body membership expires within the period of UMHAN membership, UMHAN membership will be given until the date of expiration of your membership of the professional body. Your UMHAN membership can be renewed/continued when you submit proof of re-registration with your professional body.

|  |  |
| --- | --- |
| **Organisation:**  Click or tap here to enter text. | |
| **Membership Category and number:**  Click or tap here to enter text. | **Membership valid until:** \_ \_/\_ \_/\_ \_ |

|  |  |
| --- | --- |
| **Organisation:**  Click or tap here to enter text. | |
| **Membership Category and number:**  Click or tap here to enter text. | **Membership valid until:** \_ \_/\_ \_/\_ \_ |

|  |  |
| --- | --- |
| **Organisation:**  Click or tap here to enter text. | |
| **Membership Category and number:**  Click or tap here to enter text. | **Membership valid until:** \_ \_/\_ \_/\_ \_ |

**3b) Previous Memberships**

Providing you are able to evidence current membership of a DSA-QAG approved professional association, lapse or termination of previous professional body membership will not automatically disqualify you from UMHAN membership although further information may be requested following submission of your application. If necessary please continue on a separate sheet.

|  |  |
| --- | --- |
| **Organisation:**  Click or tap here to enter text. | |
| **Membership Category and number:**  Click or tap here to enter text. | **Membership valid from:** \_ \_/\_ \_/\_ \_ **until:** \_ \_/\_ \_/\_ \_ |
| **Reason for membership lapse or termination:**  Click or tap to enter text. | |

|  |  |
| --- | --- |
| **Organisation:**  Click or tap here to enter text. | |
| **Membership Category and number:**  Click or tap here to enter text. | **Membership valid from:** \_ \_/\_ \_/\_ \_ **until:** \_ \_/\_ \_/\_ \_ |
| **Reason for membership lapse or termination:**  Click or tap to enter text. | |

|  |  |
| --- | --- |
| **Organisation:**  Click or tap here to enter text. | |
| **Membership Category and number:**  Click or tap here to enter text. | **Membership valid from:** \_ \_/\_ \_/\_ \_ **until:** \_ \_/\_ \_/\_ \_ |
| **Reason for membership lapse or termination:**  Click or tap to enter text. | |

**4. Current professional role**

Please provide a brief outline of your current role. This needs to include an explanation of how this meets UMHAN criteria for membership e.g. how and to what extent is mental health the primary or exclusive focus of your work. You can continue on a separate sheet if necessary (max 500 words).

|  |
| --- |
| **Outline of role:**  Click or tap to enter text. Press ‘enter’ to start a new line. |

**5. Supervision**

This section must be completed by the applicant. Applicants must be engaged in supervision to be eligible for membership. Only details of one clinical or peer supervisor are required to complete this section. Supervisors must currently be registered with one of the DSA-QAG approved professional bodies (see [here](http://www.umhan.com/uploads/3/4/0/9/3409780/dsa_qag_approved_professional_bodies.pdf)). Other equivalent professional body memberships will be considered. For more information please see UMHAN’s *A Guide to Continuing Professional Development & Supervision*. Although they must hold a relevant qualification and membership they do not have to be a Mental Health Adviser or Mentor. Your supervisor cannot be a spouse, partner or relative. UMHAN may contact your supervisor directly.

**To be completed by the applicant:**

|  |  |
| --- | --- |
| **Supervisor First Name:**  Click or tap here to enter text. | **Supervisor Surname:**  Click or tap here to enter text. |
| **Supervisor Telephone Number:**  Click or tap here to enter text. | **Supervisor Email Address:**  Click or tap here to enter text. |
| **Supervisor Job Title:**  Click or tap here to enter text. | **Supervisor Professional qualification:**  Click or tap here to enter text. |
| **Supervisor Professional Body Membership Name and Category** (e.g. BACP Individual Member)**:**  Click or tap here to enter text. | |
| **Membership valid from** \_ \_/\_ \_/\_ \_ **until:** \_ \_/\_ \_/\_ \_ | **Any additional relationship between yourself and the supervisor** (supervisors cannot be a partner or relative)**:** Click or tap here to enter text. |

**6. Reference**

**6 a) Clinical Reference**

This section must be completed and signed by an individual who knows you in a professional capacity and who is currently registered with one of the DSA-QAG approved professional bodies (as listed [here](https://www.umhan.com/pages/18-apply-specialist-mentors)). Other equivalent professional body memberships will be considered. For more information please contact us.

Although they must hold a relevant qualification and membership they do not have to be a Mental Health Adviser or Mentor. Your referee must read your application and cannot be a spouse, partner or relative. UMHAN may contact your referee directly.

**Please note, this section continues overleaf. Please ensure you sign the declaration on page 8.**

**To be completed by the referee:**

|  |  |
| --- | --- |
| **First Name:**  Click or tap here to enter text. | **Surname:**  Click or tap here to enter text. |
| **Telephone Number:**  Click or tap here to enter text. | **Email Address:**  Click or tap here to enter text. |
| **Job Title:**  Click or tap here to enter text. | **Professional qualification:**  Click or tap here to enter text. |
| **Professional Body Membership Name and Category** (e.g. BACP Individual Member)**:**  Click or tap here to enter text. | |
| **Membership valid from** \_ \_/\_ \_/\_ \_ **until:** \_ \_/\_ \_/\_ \_ | **Nature of relationship with applicant:**  Click or tap here to enter text. |
| **Length of time applicant has been known to you:**  Click or tap here to enter text. | **Any additional relationship between yourself and the applicant** (clinical references must not be provided by a partner or relative)**:** |

**Please provide a full statement about the applicant’s professional competence and qualities.** You can continue on a separate sheet if necessary.

|  |
| --- |
| **Referee statement:**  Click or tap to enter text. Press ‘enter’ to start a new line. |

**Please continue to next page (8). Please ensure you complete the declaration overleaf.**

**Clinical Referee declaration:**

I have read the application and believe that the information it contains including my reference is truthful. I confirm that I have seen original copies of the following:

* Evidence of current DSA-QAG approved professional body membership listed above.

A list of DSA-QAG approved professional associations can be found [here.](https://www.umhan.com/pages/18-apply-specialist-mentors)

I believe that the applicant is able to work safely and effectively with vulnerable individuals and that they are a suitable candidate for UMHAN membership. I understand that UMHAN may contact me for more information if necessary.

**Clinical Referee’s signature …………………………………………………………………………………… Date** \_ \_/\_ \_/\_ \_

**Note:** All signatures must be signed and dated within twelve months of the date of receipt.

**6 b) Proposer Reference**

This section must be completed and signed by an individual who holds a current position of responsibility either in a Higher Education institution or as your employer as a mentor and knows you in a professional capacity. Your proposer referee must read your application and have seen original copies of supporting documentation.

Your referee must read your application and cannot be a spouse, partner or relative. UMHAN may contact your referee directly.

**To be completed by the referee:**

|  |  |
| --- | --- |
| **First Name:**  Click or tap here to enter text. | **Surname:**  Click or tap here to enter text. |
| **Telephone Number:**  Click or tap here to enter text. | **Email Address:**  Click or tap here to enter text. |
| **Job Title:**  Click or tap here to enter text. | **Professional qualification:**  Click or tap here to enter text. |
| **Professional Body Membership Name and Category** (e.g. BACP Individual Member)**:**  Click or tap here to enter text. | |
| **Membership valid from** \_ \_/\_ \_/\_ \_ **until:** \_ \_/\_ \_/\_ \_ | **Nature of relationship with applicant:**  Click or tap here to enter text. |
| **Length of time applicant has been known to you:**  Click or tap here to enter text. | **Any additional relationship between yourself and the applicant** (clinical references must not be provided by a partner or relative)**:**  Click or tap here to enter text. |

**Proposer Referee declaration:**

I have read the application and believe that the information it contains is truthful. I confirm that the applicant works with a Higher Education population.

I believe that the applicant is able to work safely and effectively with vulnerable individuals and that they are a suitable candidate for UMHAN membership and consequently DSA-QAG registration. I understand that UMHAN may contact me for more information if necessary.

**Proposer Referee’s signature …………………………………………….……………….…………………… Date** \_ \_/\_ \_/\_ \_

**Note:** All signatures must be signed and dated within twelve months of the date of receipt.

**7. Disclosure**

This section must be completed in full. Positive confirmation of any of the following will not automatically exclude you from UMHAN membership although further information may be requested. Failure to disclose information may result in refusal, suspension or termination of membership.

|  |  |
| --- | --- |
| Do you have any convictions which are unspent under the Rehabilitation of Offenders Act (1974)?\* | **Yes ☐ No ☐** |
| Have you ever been refused or disqualified from membership of any professional body or register on the grounds of professional misconduct? | **Yes☐ No ☐** |
| Have you ever been subject to any other disciplinary action, investigation, proceeding or enquiry? | **Yes ☐ No ☐** |
| Are you currently or likely to be the subject of any disciplinary action, investigation, proceeding or enquiry? | **Yes ☐ No ☐** |
| Is your fitness to practice, your ability to work safely and effectively impaired for any reason including health or personal circumstances? | **Yes ☐ No ☐** |
| Do you have a current, approved Enhanced Disclosure and Barring Service (DBS) check? | **Yes ☐ No ☐** |

\*Under the Rehabilitation of Offenders Act (1974), some convictions will become spent after a specified amount of time. If you have been convicted of a criminal offence you must declare your unspent convictions but do not need to declare those that are spent. For further advice and guidance please contact the Citizens Advice Bureau or relevant Government department.

Any pending criminal or disciplinary actions, investigations, proceedings or enquiries must be declared using the UMHAN Criminal Convictions Disclosure Form.

**8. Declaration**

The following section must be read and completed. If this declaration is not completed, signed and dated your application will not be considered.

1. I have read, understood and agree to uphold and abide by UMHAN’s current Capability Framework and to inform myself of any amendments. I understand that I will be subject to professional conduct procedures should I be the subject of any complaint during my membership.

2. I agree to ensure that I undertake and record appropriate continuing professional development (CPD) in accordance with UMHAN requirements. I will cooperate fully with UMHAN’s CPD audit processes and accept responsibility for keeping informed of any changes to these procedures.

3. I agree to ensure that I undertake and record appropriate supervision in accordance with UMHAN requirements. I will cooperate fully with UMHAN’s supervision audit processes and accept responsibility for keeping informed of any change to these procedures.

4. I agree that UMHAN can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the General Data Protection Regulation (2018).

5. I understand that as a UMHAN member my full name, university/location, professional contact information and membership dates will be made available on the public register. I understand that it is my responsibility to inform UMHAN of any changes to my professional contact information and I consent to these details being shared. I consent to the email I provide being shared with members in communications and on the UMHAN website.

6. I understand that there may be occasions when it is necessary to share information about me with other regulatory bodies for the purpose of regulation and in the interest of the public protection.

7. I confirm that all information provided is correct and accurate and understand that failure to disclose information or providing false or misleading information may result in refusal, suspension or termination of membership.

Sign me up to UMHAN’s Newsletter **Yes ☐ No ☐**

Sign me up to UMHAN’s Regional Jiscmail Forum **Yes ☐ No ☐**

Sign me up to UMHAN’s National Jiscmail Forum **Yes ☐ No ☐**

*All our communications contain an unsubscribe link.*

**Applicant’s signature ………………………………………………………………………… Date** \_ \_ / \_ \_ / \_ \_

**Note:** Your signature must be signed and dated before the date of your reference, and dated within twelve months of the date of receipt. We will accept a typed signature.

**Please complete and return your application to umhan@live.co.uk.**

