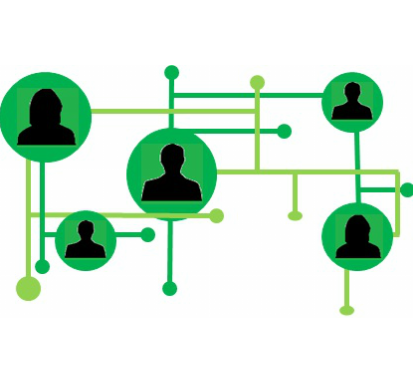


**Mental Health Advisor Membership Application**

****

**UMHAN Membership Application for Mental Health Advisors**

**Check List**

Personal details (section 1, page 4)

Professional qualifications (section 2, page 5)

Professional Body Membership/Registration (sections 3a and 3b, pages 5-6)

Current professional role (section 4, page 7)

UMHAN Membership Contribution (section 5, page 8)

Supervision (section 6, page 8)

Clinical Reference (section 7, page 9-10)

Disclosure (section 8, page 11)

Declaration (section 9, page 12)

**Mental Health Advisor Membership**

This form is for completion by mental health advisors who meet the following criteria, please check:

Mental Health Advisor currently working with students in a Higher Education setting

**You must hold and be able to provide evidence of the following qualifications:**

- Professional qualification in a subject relevant to the field of mental health. Typically this would lead to eligibility for registration or accreditation with a DSA-QAG approved professional association or;

- Postgraduate degree level qualification specific to the field of mental health

**You must be able to meet a minimum of 5 out of 8 criteria listed below:**

Essential

- Assess and respond to the support needs of university students with mental health conditions to facilitate the management of their mental health and academic studies

- Provide practical individual and/or group support to students with mental health difficulties to help them to manage their mental health and academic studies

- Refer and signpost to university-based and external support services and liaise with specialist services where required

- Assess risk and participate in co-ordinated responses to crisis situations involving students

- Promote equality, inclusion and the rights of those with mental health conditions studying Higher Education

Desirable

- Deliver staff training and/or consultation on issues relating to support for students with mental health difficulties

- Promote student mental health through campaigns and initiatives

- Research and implement strategies and systems, including reasonable adjustments, to facilitate the inclusion of students with mental health difficulties into university.

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

**Applications must be signed by hand. 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**

Successful applicants must hold one of the following:

- Professional qualification in a subject relevant to the field of mental health. Typically this would lead to eligibility for registration or accreditation with a DSA-QAG approved professional association or;

- Postgraduate degree level qualification specific to the field of mental health

Please list relevant qualification only. You must be able to provide formal certification of any qualifications listed. This information will be used when considering your application.

|  |  |
| --- | --- |
| **Course Level and Name** (e.g. BSc Mental Health Nursing or MA Psychotherapy)**:**  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 MA Psychotherapy)**:**  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 MA Psychotherapy)**:**  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**

If you have not held membership with another professional body, please proceed to section 4.

Please list any current and previous memberships of DSA-QAG approved professional associations or other relevant regulatory organisations. Information about DSA-QAG approved professional bodies can be found [here](http://www.dsa-qag.org.uk/docman-public/assessors-tab/1892-mandatory-criteria-for-nmh-registration-v2-6-1/file) or other relevant organisations.

**3 a) Current Memberships**

|  |
| --- |
| **1. Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Membership Category:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Membership valid until:** \_ \_ / \_ \_ / \_ \_ |

**2. Organisation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Category**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership valid until:** \_ \_ / \_ \_ / \_ \_

**3 b) Previous Memberships**

If previous professional body membership has been terminated further information may be requested following submission of your application but will not automatically disqualify you from UMHAN membership. If necessary please continue on a separate sheet.

**1. Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Category: ­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Period:** \_ \_ / \_ \_ **to** \_ \_ / \_ \_

**Reason for membership lapse or termination:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Category:** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Period:** \_ \_ / \_ \_ **to** \_ \_ / \_ \_

**Reason for membership lapse or termination:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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).

Successful applicants must be able to demonstrate a minimum of 5 out of 8 criteria listed below:

Essential

- Assess and respond to the support needs of university students with mental health conditions to facilitate the management of their mental health and academic studies

- Provide practical individual and/or group support to students with mental health difficulties to help them to manage their mental health and academic studies

- Refer and signpost to university-based and external support services and liaise with specialist services where required

- Assess risk and participate in co-ordinated responses to crisis situations involving students

- Promote equality, inclusion and the rights of those with mental health conditions studying Higher Education

Desirable

- Deliver staff training and/or consultation on issues relating to support for students with mental health difficulties

- Promote student mental health through campaigns and initiatives

- Research and implement strategies and systems, including reasonable adjustments, to facilitate the inclusion of students with mental health difficulties into university.

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

**5. UMHAN Membership Contribution**

Please explain how your membership could contribute to the work of UMHAN. If you application is successful we will provide you with an introduction to the working group most relevant to your area of interest or expertise (max 100 words).

|  |
| --- |
| **Outline of potential contribution. Please reference areas of interest and expertise:**  Click or tap to enter text. Press ‘enter’ to start a new line. |

**6. 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.dsa-qag.org.uk/docman-public/assessors-tab/1892-mandatory-criteria-for-nmh-registration-v2-6-1/file)). 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. |

**7. 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 (see [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 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 10.**

**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. |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please continue to next page (10). 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 the applicant works with a Higher Education population and can confirm that I have seen original copies of the following:

* Evidence of successful completion of any qualifications listed above
* Evidence of current professional association membership if applicable
* Valid and improved Enhanced DBS check **Yes  No**

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.

**8. 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.

**9. 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 Data Protection Act (1998).

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.

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.

|  |
| --- |
| **Yes  No** |

|  |
| --- |
| **Yes  No** |

|  |
| --- |
| **Yes  No** |

Sign me up to UMHAN’s Newsletter

Sign me up to UMHAN’s Regional Jiscmail Forum

Sign me up to UMHAN’s National Jiscmail Forum

*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.

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

