



Application to join Case-uk Provider Pool

Introduction

This application form is for individuals and providers of Mental Health Support Services (MHSS) who wish to apply to join the Case-uk MHSS Provider Pool.

Case-uk Limited and Associates are currently working with an international partner to develop Mental Health Support Services in the workplace. We are seeking to establish a bank of qualified and non-qualified support staff who wish to be considered for any opportunities that may arise. We are looking for people who can be flexible, have experience of working with individuals or groups with a mental health illness and who are committed to helping them to become as independent as possible. By registering on the Case-uk Bank, there is no guarantee of any work being allocated.

About the application process

To apply to join the Support Services Provider pool, please complete the form below and submit this to Peaceofmindatwork@case-uk.co.uk along with copies of all supporting documentation. Incomplete applications received will not be considered.

Please complete only one form for yourself or your organisation.

If applying on behalf of an organisation, please provide information as requested on the skills and expertise of the individual/s from your organisation who would be delivering services, where they are based and where they can work.

You will be asked to provide at least one example for each service (for your organisation) of related previous experience. Refer to the specification pack for more detail.

All applications will be assessed by the Case-uk delivery team. We will aim to inform whether your application has been successful within 6 weeks of submission

If you have questions about the application process, please contact email ian.benbow@case-uk.co.uk

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Application Form

Please ensure **all fields** are completed, N/A to be inserted if you do not propose a response.

1. Organisation details (complete all fields)

Individuals name	
Name of organisation (if applicable)	
Registered address	
Phone number	
Email address for individual	
Please list your professional memberships and provide details	

2. About you / your organisation

Introduce yourself / your organisation and what you do in no more than 100 words.
Note: This will be shared with our customers, so make sure it's relevant to the Mental Health Support Services you can offer.

Explain why you want to join Case-uk MHSS Provider Pool in no more than 150 words

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3. Capacity Support Services

Please provide details of the services you're able to offer below, which of the Welsh Local authorities you can support and provide examples to demonstrate experience of where the services stated have been delivered previously by you. Please include what your supporting role was, what the outcome of the support was and when it was delivered (year). Please describe each example in no more than 150 words.

You can provide capacity support services against one or more of the stated outcomes.

Outcome 1: Case-uk will be well equipped to engage and support employees and employers.
Service 1: Facilitate Employer / Employee engagement activities that identify and recruit eligible customers.
Example:
Service 2: Undertake assessment and care planning that reflects the need of the individual, including their working environment.
Example:



Service 3: Provide 1 to 1 support that responds to the individualised plans such as counselling, information Advice and Guidance, Social Prescribing.

Example:

Outcome 2: Case-uk Limited will be ideally placed to support employers and the workforce with relevant and up to date Change Management and Managing Mental Health in the workplace training programmes.

Service 4: Delivery of programmes to the work force such as mindfulness

Example:



Service 5 – Supporting Employers to develop and implement Well-being strategies in the workplace.

Example:

4. Please tick which Welsh Local authority areas you are prepared to cover.

Blaenau Gwent	<input type="checkbox"/>	Flintshire	<input type="checkbox"/>	Powys	<input type="checkbox"/>
Bridgend	<input type="checkbox"/>	Gwynedd	<input type="checkbox"/>	Rhondda Cynon Taf	<input type="checkbox"/>
Caerphilly	<input type="checkbox"/>	Isle of Anglesey	<input type="checkbox"/>	Swansea	<input type="checkbox"/>
Cardiff	<input type="checkbox"/>	Merthyr Tydfil	<input type="checkbox"/>	Torfaen	<input type="checkbox"/>
Carmarthenshire	<input type="checkbox"/>	Monmouthshire	<input type="checkbox"/>	Vale of Glamorgan	<input type="checkbox"/>
Ceredigion	<input type="checkbox"/>	Neath Port Talbot	<input type="checkbox"/>	Wrexham	<input type="checkbox"/>
Conwy	<input type="checkbox"/>	Newport	<input type="checkbox"/>		
Denbighshire	<input type="checkbox"/>	Pembrokeshire	<input type="checkbox"/>		

5. Can you deliver the service in Welsh?

Yes No (tick as appropriate)



6. References

Please attach at least two written references/testimonials from clients previously worked with by your organisation. Please list their contact details below. We may contact these references directly once we have received your application form.

Organisation worked with	Date worked with	Contact name	Contact phone number	Contact email address	Reference attached? Y/N

7. Qualifications/certification

Please list any relevant qualifications/accreditation/certification held by the individual/s listed above. Please include the date of award. Insert rows as needed.

Name of individual/s	Qualification/accreditation/certification	Date/s awarded

8. Please list any current registrations with regulatory bodies (add lines if needed)

Name of individual	Regulatory Body	Date registered	Date for renewal

9. How do you maintain a sound understanding of mental health issues affecting MHSS customers? (e.g. clinical governance, clinical CPD for staff, collaboration with external experts)

Please provide detail



10. CPD – please list any relevant training you have undertaken in the past 2 years

Name of individual/s	Qualification/accreditation/certification	Date/s awarded

11. Declaration – existing relationships with Case-uk Limited, Ridge Consulting and DWP providers.

Please provide detail on the nature of any existing relationships between your organisation.

12. These roles will be subject to appropriate level DBS check. The cost will be covered by Case-uk Limited. Should you be offered to be included onto the Case-uk Bank register are you happy for a DBS to be completed.

Yes No (tick as appropriate)

DECLARATION

I confirm that the information given in this form is true, complete and accurate.

Signature:

Date:





Data Protection Policy

By submitting information via the application form I agree that Case-uk Limited and project partners may use the data provided. Wherever your personal information is being held by us, we will take reasonable and appropriate steps to ensure the information that you share with us is protected from unauthorised access or disclosure. We may use some of the data you give us for research purposes to help inform our research work but only as anonymised statistical information. We will send you essential information relating to support from the Empowering Places programme, but only send you other information if you 'opt in' and choose to receive it.

If you would like to discuss how your information is stored and used by Case-uk Limited, please contact us Peaceofmindatwork@case-uk.co.uk.

Equality Opportunity - Disability Confident

Case-uk are committed to becoming a Disability Confident employer and operates an equal opportunities policy at all stages. Welcomes applications from all sections of the community. Please contact Daniel Lowther on 02921676214 who can provide further information and discuss any reasonable adjustments that you may need.

We have established an online form and can also provide a paper-based form as an alternative.

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