Healthwatch Advisory Board Member

Application Form

**Application Process**

1 Please complete **all sections** of this application form.

2 Please provide a **CV** **to be attached** to your completed application.

3 Please provide the names of two referees that we may contact.

|  |  |
| --- | --- |
| Title of Role | **Healthwatch Leicester and Healthwatch Leicestershire Advisory Board Member** |
| Title |  |
| Full Name |  |
| Address |  |
| Postcode |  |
| Email Address |  |
| Mobile Phone No. |  |
| Date of birth (DD/MM/YY) |  |
| Gender |  |
| Choice of contact  | Which medium would you prefer us to use for correspondence? *(We do try to minimise our carbon footprint wherever possible in line with our social value statement so do encourage everyone to consider opting for electronic communications)* [ ]  Email [ ]  Telephone [ ]  Text messaging  |
| **Declaration of Interest**Do you have any business or personal interests that might be relevant to the work of Voluntary Action LeicesterShire (VAL) /Healthwatch Leicester and Healthwatch Leicestershire, which could lead to a real or perceived conflict of interests were you to be appointed? (Failure to disclose such information could result in an appointment being terminated.) |
| Please indicate: Yes [ ]  No [ ]  |
| If yes, please give further details: |  |

**Referees**

Please provide the names of two referees that we may contact.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Tel No. |  |
| Email |  |
| How do you know them? |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Tel No. |  |
| Email |  |
| How do you know them? |  |

**Note that: referees need to be someone who has known you for some time in a professional capacity and one must be from your most recent employer/ organisation you last volunteered with.**

**May we contact them before interview?**

**[ ]  Yes [ ]  No**

**Details of the Advisory Board Member Role Descriptor are enclosed.**

|  |  |
| --- | --- |
| **If you are employed please state your current occupation and employer**  |  |

**Please describe details of where you have held a leadership position either paid or voluntarily**

|  |
| --- |
|  |

**Health and Social Care experience, in which of the following activities have you had experience?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | Less than 1 year | 1-2 years  | Over 2 years  |
| Patient/ user |  |  |  |  |
| Carer |  |  |  |  |
| Previous Public Sector Employee |  |  |  |  |
| Voluntary, Community, Social Enterprise Sector  |  |  |  |  |

**Which of these tasks have you had experience of? (please tick all that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | Some | Occasional  | Frequent  |
| Committee meetings/ chairing meetings  |  |  |  |  |
| Dealing with the public |  |  |  |  |
| Handling complaints |  |  |  |  |
| Public representation |  |  |  |  |
| Data analysis  |  |  |  |  |
| Team work  |  |  |  |  |
| Strategic planning  |  |  |  |  |
| Representing the views of the local community  |  |  |  |  |
| Monitoring budgets and reporting  |  |  |  |  |
| Project management  |  |  |  |  |
| Partnership working  |  |  |  |  |
| Staff or volunteer development  |  |  |  |  |

|  |
| --- |
| **Please provide details of how you meet the criteria set out in the role description including evidence of your experience and key achievements** |
|  |
| **Do you have any specialist qualification that might be relevant to the role?** |
|  |
| **Do you have any skills / interests that you would like us to know about? (e.g. speaking another language)** |
|  |
| **Are there any further circumstances that you would like us to be aware of or any medical conditions that we need to consider?** |
|  |

**General Disclosures**

**Do you have a current Driving Licence?**  [ ]  Yes [ ]  No

**Available some weekends/ evenings?** [ ]  Yes [ ]  No

**Able to travel locally and occasionally nationally for meetings?** [ ]  Yes [ ]  No

**Have you ever been convicted of a criminal offence?**  [ ]  Yes [ ]  No

This does not apply to convictions which are spent.

*(Declaration subject to the Rehabilitation of Offenders Act 1974)*

**Is there anything that precludes you working with children or vulnerable adults?** [ ]  Yes [ ]  No

**Have you been barred from working with children or vulnerable adults?** [ ]  Yes [ ]  No

**Do you have a disability?**  [ ]  Yes [ ]  No

**If you have a disability, please tell us about any adjustments we may need to make to assist you at interview:**

**Please tell us if there are any dates when you will not be available for interview**

We place a great deal of importance on the security and privacy of any personal information we have in our possession and in order to comply with current data protection legislation, we will retain your personal data in line with our Privacy Notice.

Please refer to this for further details.

**I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

Please return your completed application form, completed volunteer applicant privacy notice (Company Copy) and up to date CV to: **enquiries@healthwatchll.com**