**Advisory Board Member Application Form**

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| **Your details** | | | | | | | |  | |
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| **Surname:** | |  | | | **Title:** | |  |  | |
|  | | | | | | | |  | |
| **First Name:** | |  | | |  | | |  | |
|  | | | | | | | |  | |
| **Address:** | **Postcode:** | | | **Telephone: (Home)** | |  | |  | |
|  | | | |  | |
| **Telephone: (Mobile)** | |  | | |  |
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| **We will contact you via email unless you notify us otherwise**  **Please tick the box if you wish to receive correspondence by post** | | | | | | | |  | |
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| **Email Address:** | | |  | | | | |  | |
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| **Please tell us why you are interested in being a Healthwatch Northamptonshire Advisory Board member:** | | | | | | | |
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| **Please describe your skills and experience that you feel would help you fulfil the role and responsibilities of a Healthwatch Northamptonshire Advisory Board member. Particular reference should be made where that experience involves the voluntary sector and /or the health and social care sector. Please read the Role Description and requirements for the post, and refer to them where possible.** | | | | | | | |
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| **Next of kin** | | | | | | |  |
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| **Surname:** |  | | | **Title:** | |  |  |
|  | | | | | | |  |
| **First Name:** |  | | |  | | |  |
|  | | | | | | |  |
| **Address:** | **Postcode:** | | **Telephone: (Home)** | |  | |  |
|  | | | |  |
| **Telephone: (Mobile)** | |  | |  |
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| **Email Address:** | |  | | | | |  |
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| **References** | | | | | | | |
| Please provide the names and addresses of two people who are not related to you who will provide a reference to us about your ability to do this role, e.g. a recent employer, volunteer manager or a tutor. Please ensure that you include their full details. Referees will only be contacted after an informal interview with you. | | | | | |  | |
| **First Referee:** | **Second Referee:** | | | | | | |
| **Name:** | **Name:** | | | | | | |
| **In what capacity does this person know you?** | **In what capacity does this person know you?** | | | | | | |
| **Address:** | **Address:** | | | | | | |
| **Email:** | **Email:** | | | | | | |
| **Declarations of Convictions** | | | | | | | | |
| Please note that in accordance with the Rehabilitation of Offenders Act 1974 spent convictions and cautions do not need to be declared.  A declaration of a previous conviction will not automatically exclude you from volunteering with Healthwatch Northamptonshire. | | | | | | | | |
| Have you had a conviction for a criminal offence? | | | Yes |  | No |  | |  |
| If yes, please give details: | | | | | | | | |
| **Additional support needs** | | | | | | | | |
| Do you have any additional needs for support to enable you to volunteer with us? Yes No  If yes, please give details: | | | | | | | | |
| **Data Protection and Privacy** | | | | | | | | |
| As part of the recruitment procedure we collect and store personal data about you. It is our policy to store data relating to recruitment procedures. All information will be treated confidentially and stored securely. This may include sensitive personal data (e.g. ethnicity, gender, faith, sexuality). Our Privacy Statement can be found on our website: [www.healthwatchnorthamptonshire.co.uk/privacy](http://www.healthwatchnorthamptonshire.co.uk/privacy)  We are required by law to obtain your consent to such data being recorded and stored. By signing this form you are deemed to give your consent. | | | | | | | | |

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| **Code of Conduct and Confidentiality Agreement** | | | |
| I have read the Connected Together CIC/Healthwatch Northamptonshire Confidentiality Policy and agree to adhere to it. All our policies are available here: [www.healthwatchnorthamptonshire.co.uk/resources/our-policies](http://www.healthwatchnorthamptonshire.co.uk/resources/our-policies)  I acknowledge and understand the policies and practices of a Healthwatch Northamptonshire Volunteer and will adhere to all policies and procedures as set out in the Code of Conduct agreement and in the Volunteer Handbook.  I also agree to participate in training relevant to my role as a Healthwatch Northamptonshire representative, including for example Enter and View and Safeguarding training, as part of my induction. | | | |
| Signed: |  | Date: |  |

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| **Declaration** | | | |
| I declare that the information in this application form is correct to the best of my knowledge and acknowledge that by signing this form I give my consent to sensitive my personal information being held on Healthwatch Northamptonshire electronic volunteer database. | | | |
| Signed: |  | Date: |  |
| If you are completing your application electronically, you will not be able to sign the forms at this stage of the application process. You will be required to sign your “email completed” application form at your informal interview. | | | |

**Please hand this form to a Healthwatch staff member or representative or send to:**

Healthwatch Northamptonshire

Moulton Park Business Centre

Redhouse Road

Northampton NN3 6AQ

Email: [**enquiries@healthwatchnorthamptonshire.co.uk**](mailto:enquiries@healthwatchnorthamptonshire.co.uk)

If you have any questions regarding the application process, or require assistance in completing the form, call us on 0300 002 0010 or email us at [enquiries@healthwatchnorthamptonshire.co.uk](mailto:enquiries@healthwatchnorthamptonshire.co.uk)

**Thank you for your interest!**

Equal opportunities monitoring form

We are committed to equal opportunities in our volunteer recruitment process. This monitoring form is voluntary but the information we collect here is very useful to us as it helps us to find out if our volunteer group reflects the diversity of the local community.

The information you supply on this form will be treated confidentially and stored securely in line with our Data Protection Policy and Privacy Statement.

**Your ethnic origin**

These categories are based on the Census 2011 categories and recommended by the Commission for Racial Equality.

|  |  |
| --- | --- |
| **Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh**  Asian / Asian British  Bangladeshi  Chinese  Indian  Pakistani  Other Asian background (specify if you wish): | **White**  British  English  Gypsy or Irish Traveller  Irish  Scottish  Welsh  Other White background (specify if you wish): |
| **Black, Black British, Black English, Black Scottish, or Black Welsh**  African  Caribbean  Other Black background (specify if you wish): | **Mixed**  White and Asian  White and Black African  White and Black Caribbean  White and Chinese  Other mixed background (specify if you wish): |
| **Other ethnic group**  Arab  Other ethnic group (specify if you wish): | **Prefer not to say** |

**Your gender**

Male  Female  Prefer not to say

Have you ever identified as transgender?

Yes No Prefer not to say

Your age

Under 18  18 - 24  25 34  35-44  45-54  55-64

65-74  75+  Prefer not to say

**Your sexual orientation**

Bisexual

Gay man

Gay woman/lesbian

Heterosexual/straight

Other (specify if you wish):

Prefer not to say

**Marriage and civil partnership**

Single

Married/in a registered same-sex civil partnership

Separated, but still legally married/in a registered same-sex civil partnership

Divorced/formerly in a same-sex civil partnership which is now legally dissolved

Widowed/Surviving partner from a same-sex civil partnership

Prefer not to say

Your religion or belief

|  |  |
| --- | --- |
| No religion  Buddhist  Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  Hindu | Jewish  Muslim  Sikh  Other (specify if you wish):  Prefer not to say |

Disability

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled?

Yes.

Please specify:

No

Prefer not to say

Please return this form along with your application and personal details form to [enquiries@healthwatchnorthamptonshire.co.uk](mailto:enquiries@healthwatchnorthamptonshire.co.uk)