# **Healthwatch Halton Advisory Board Application Form**

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| **Your details** | | | | | | |
|  | | | | | |  |
| **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** | | | | | |  |
|  | |  | | | |  |
| **Email Address:** | |  | | | |  |
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| **Please tell us why you are interested in being a Healthwatch Halton 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 Halton 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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| **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 Halton. | |
| Have you had a conviction for a criminal offence?  Yes  No | |
| If yes, please give details: | |

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| **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: <https://healthwatchhalton.co.uk/privacy-policy-2/>  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 ECS/Healthwatch Halton Confidentiality Policy and agree to adhere to it. All our policies are available here: <https://healthwatchhalton.co.uk/policies/>  I acknowledge and understand the policies and practices of a Healthwatch Halton Volunteer and will adhere to all policies and procedures as set out in the Code of Conduct agreement and in the Volunteer Handbook. The latest version of the Volunteer Handbook is available from - <https://healthwatchhalton.co.uk/volunteer-opportunities/>  I also agree to participate in training relevant to my role as a Healthwatch Halton representative, including for example Enter and View and Safeguarding training, as part of my induction. **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 removal from the Advisory Board.** | | | |
| Signed: |  | Date: |  |

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.

 Signed       Date

**Equal Opportunities Monitoring Form**

By monitoring the diversity of those employed, volunteering or using our services, we can evaluate our performance and help ensure the organisation treats all individuals fairly and equally. The replies provided on this form will be kept strictly confidential and will not be used for any purpose other than monitoring. No information will be published or used in any way, which allows an individual to be identified.

You are under no obligation to complete this form, but if you do you are agreeing that this information may be held electronically and/or on paper file. We will store this information securely and act in accordance with current Data Protection Law and our Privacy Statement.

The information collected on this form is confidential and willbe used to monitor the application of the Company's Equal Opportunities Policy. This information is requested on a separate form and it will not be seen or made known to selector.

Please mark the following boxes with a tick and delete any words as appropriate.

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| **Role Title:** | **Healthwatch Advisory Board Member** | |
| **Location:** | **Halton** | |
| **Full name:** |  | |
| 1. **What is your sex?**   Female  Male  Is the gender you identify with the same as your sex registered at birth?  Yes  No | | |
| **2. Date of Birth** |  | |
| **3. Marital status:**  Never married and never registered in a civil partnership  Married  In a registered civil partnership  Separated, but still legally married  Separated, but still legally in a civil partnership  Divorced  Formerly in a civil partnership which is now legally dissolved  Widowed  Surviving partner from a registered civil partnership | | |
| **4. Do you have responsibility for dependants? (Dependants relates to children, or elderly or other persons for whom you are the main carer.)**  YES  NO | | |
| **5. Do you have any disabilities?** 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. Taking this into account, do you consider yourself to have a disability?  YES  NO  PREFER NOT TO SAY | | |
| **6. What is your ethnic group?** | | |
| **White** | | |
| English, Welsh, Scottish, Northern Irish or British | |  |
| Irish | |  |
| Gypsy or Irish Traveller | |  |
| Any other White background, please specify: | |  |
| **Mixed or multiple ethnic groups** | | |
| White and Black Caribbean | |  |
| White and Black African | |  |
| White and Asian | |  |
| Any other Mixed or Multiple ethnic background, please specify: | |  |
| **Asian or Asian British** | | |
| Indian | |  |
| Pakistani | |  |
| Bangladeshi | |  |
| Chinese | |  |
| Any other Asian background, please specify: | |  |
| **Black, African, Caribbean or Black British** | | |
| African | |  |
| Caribbean | |  |
| Any other Black, African or Caribbean background, please specify: | |  |
| **Other ethnic group** | | |
| Arab | |  |
| Any other ethnic group, please specify: | |  |
| **7. Sexual Orientation** | | |
| Heterosexual or straight | |  |
| Gay or lesbian | |  |
| Bisexual | |  |
| Other – please specify | |  |

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**Thank you for your assistance.**

 Signed       Date