

**Healthwatch Stockton-On-Tees
Board Member Application Form**

Thank you for your interest in becoming a member of Healthwatch Stockton-on-Tees Board. Please note that you should complete the application form by referring to the key competencies, knowledge, experience and other information given in the role description.

Please type your answers in the boxes provided and email your application to natasha.judge@pcp.uk.net. If you are unable to submit your application by email, you can print and complete the application by hand in black ink. You can continue longer answers on a separate numbered sheet.

All information provided in this application form will be treated as confidential and used only for the purposes of selection and be seen only by those directly involved in the appointment process. Applications will be retained for one year, before being destroyed in accordance with data protection regulations. If you have any questions about the application procedure, please call and speak to a member of the team on 01642 688312.

Your Details

| | | | |
|----------|--|-----------|--|
| Name | | | |
| Address | | | |
| Postcode | | Telephone | |
| Mobile | | Email | |



References (please provide the names of two referees that we may contact)

Please note that one referee needs to be someone who has worked with you in a professional capacity and the second referee should be a Chief Officer/Chair from a relevant local community network or organisation that you are connected to.

| | | |
|---------------------------------|-------|--------|
| Referee 1 | | |
| Name | | |
| Organisation (if applicable) | | |
| Position held | | |
| Address | | |
| Contact details | Phone | E-mail |
| Relationship | | |

| | | |
|---------------------------------|-------|--------|
| Referee 2 | | |
| Name | | |
| Organisation (if applicable) | | |
| Position held | | |
| Address | | |
| Contact details | Phone | E-mail |
| Relationship | | |



Personal Statement

Please provide a short statement describing why you would like to become a Healthwatch Board member.



Key competencies, knowledge and experience

Please describe how you meet the criteria identified in the role description with specific examples where possible.

Local knowledge of Health and/or Social Care and Interests

Please describe whether your interest and knowledge are in relation to Health, Social Care or both. Also outline how you will assist Healthwatch to be representative with specific examples where possible.



Criminal Convictions

As a Healthwatch Board member you will, of course, need to undertake a DBS (Disclosure & Baring Service) check which we will arrange should you be successful if your application. If you wish to discuss this with us further please contact us.

Declaration

Please read the following statements and if you wish to proceed with this application, please sign and date this form.

- I declare that the information set out in this application form is true in all respects and that false information may render me liable for dismissal if I am appointed
- If appointed, I confirm that I will observe the rules and regulations and act in good faith and in the interests of Healthwatch County Durham
- I understand that if offered this position, my formal appointment will be subject to the receipt of satisfactory references
- I agree to subscribe to the Nolan Principles
- I have read and understood the applicant information

Signed: _____

Date: _____

(electronic signature is acceptable)

