Thank you for showing an interest in Healthwatch Nottingham and Nottinghamshire. We would appreciate your completing this form and returning it to us. If you require any support or for the form to be supplied in large print or a different format, please do let us know and we will be happy to arrange this. Please complete with guidance from the recruitment pack.

# About you

|  |  |
| --- | --- |
| **Full Name** |  |

|  |  |
| --- | --- |
| **What name do you prefer to be called by?** |  |

|  |  |
| --- | --- |
| **Preferred pronouns** |  |

|  |  |
| --- | --- |
| **Home address & postcode** |   |

|  |  |
| --- | --- |
| **Telephone number** |  |

|  |  |
| --- | --- |
| **E-mail address** |  |

|  |  |
| --- | --- |
| **Preferred method of contact** |  |

**Where did you hear about Healthwatch Nottingham and Nottinghamshire? Where did you hear about this opportunity?**

|  |
| --- |
|       |

**Please tell us why you are interested in becoming a trustee with us?**

|  |
| --- |
|  |

**Which of the following skills or experience could you bring to the role of Trustee?**

|  |
| --- |
| **Please indicate against each relevant area if this is your principal skill, by writing ‘P’, or a secondary skill where you have experience, by writing ‘S’.** |
|  | **P/S** |  | **P/S** |
| **Human Resources** |  | **Business Management** |  |
| **Financial / Accounting** |  | **Marketing / P.R.** |  |
| **Fund Raising** |  | **Social Care** |  |
| **Research, Evidence and Insight** |  | **Equality, Diversity and Inclusion** |  |
| **Children & Young People**  |  | **Digital/ICT** |  |
| **Health**  |  | **Governance** |  |
| **Other** |  | **Knowledge of Community** |  |

**Please indicate against the following broad categories how you think your own skills and experience would enable you to fulfill the role of a Trustee. Please read the Role Descriptions and tell us how you feel you meet the criteria. You may also choose to enclose a CV with this application or continue on separate sheet if required..**

|  |  |
| --- | --- |
| **Key skills** | **Narrative** |
| Commitment to HWNN |  |
| Interpersonal skills  |  |
| Teamwork |  |
| Communication |  |
| Drive and determination |  |
| Strategic perspective |  |
| Intellectual and Technical ability |  |
| Leadership |  |
| Experience |  |
| Circumstances |  |
| Equality, Diversity, Equity and Inclusion |  |

**Are you currently working or volunteering? If so please provide details of the role and organisation.**

|  |
| --- |
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**Please tell us about any board experience you have had as a trustee, governor, executive etc**

|  |
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**Rehabilitation of Offenders Act (1974) (Exemption Order 1975)**

As we are involved within Health and Social care supporting people with care and support needs, we need to ask:

|  |  |  |
| --- | --- | --- |
| **Have you ever been convicted of a criminal offence?** | Yes ☐ | No ☐ |
| If you have answered ‘Yes’ please give details of any convictions, including any which are now spent: |

If you have been barred from working with children or adults with care and support needs or have a serious spent or unspent conviction, you will not be able to volunteer for Healthwatch Nottingham and Nottinghamshire. However, applications from individuals with minor and spent convictions are accepted and will be considered on a case by case basis.

**References**

Please give details of two referees who have known you for at least one year. A referee can be a previous employer or someone from an organisation you have volunteered with. They could also be a social worker, probation officer, or anyone else who has worked with you and knows you. Family members cannot be referees however friends who know you well can be. If you are unable to provide references please let us know.

**Referee 1**

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Address, including postcode |       |

|  |  |  |
| --- | --- | --- |
| How do you know them? |       |  |

|  |  |  |
| --- | --- | --- |
| Telephone number |       |  |

|  |  |
| --- | --- |
| E-mail address |       |

**Referee 2**

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Address, including postcode |       |

|  |  |  |
| --- | --- | --- |
| How do you know them? |       |  |

|  |  |  |
| --- | --- | --- |
| Telephone number |       |  |

|  |  |
| --- | --- |
| E-mail address |       |

**Data Protection Statement**

In accordance with the Data Protection Act 2018, the information provided on this form will be used in the recruitment and selection process and may be disclosed to all those who need to see it. It will also form the basis of the confidential personnel record of the successful candidate.

In the case of unsuccessful candidates, the information will be destroyed after six months. In addition, it will be held on a database and used for equal opportunities monitoring purposes.

I confirm that I do not object to the information collected on this form being transferred onto computer for the purpose of anonymous statistical reporting, in accordance with statutory requirements and for the basis of compiling correspondence and to assist Healthwatch Nottingham and Nottinghamshire in equal opportunities monitoring in respect of this application.

I agree that Healthwatch Nottingham and Nottinghamshire has the right to validate any of the information provided.

I consent to Healthwatch Nottingham and Nottinghamshire keeping and using information about me - provided by me or by third parties such as referees - relating to this application to become a trustee.

I declare the information provided in this form is correct and that I am legally allowed to volunteer.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |       | Date |       |

**Declaration of eligibility**

**Please tick to confirm and agree each statement below**

I declare that I am not disqualified from acting as a charity Trustee/Non-Executive Director and that:

[ ]  I am not incapable of acting by reason of mental disorder within the meaning of the Mental Health Act 1983.

[ ]  I do not have an unspent conviction relating to any offence involving deception or dishonesty. Because of the nature of the role you are applying for, you are required by the Rehabilitation of Offenders Act 1974 to declare all criminal convictions including those which are spent.
You will be required to disclose any convictions as part of the DBS check - A conviction will not necessarily be a bar to obtaining a position with this organisation.

[ ]  I am not an undischarged bankrupt nor have I made a composition or arrangement with, or granted a trust deed for, my creditors.

[ ]  I am not subject to a disqualification order under the Company Directors Disqualification Act 1986 or to an order made under section 429(b) of the Insolvency Act 1986.

[ ]  I have not been removed from the office of charity trustee or trustee for a charity by an Order made by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement nor am I subject to an order under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990, preventing me from being concerned in the management or control of any relevant organisation or body.

[ ]  I am not subject to a disqualification order under the Criminal Justice and Court Services Act 2000.

[ ]  I am not disqualified under the Protection of Vulnerable Adults List.

The information supplied in this application form is true and accurate to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |       | Date |       |

**Equal Opportunities form**

This will help us make sure that we are hearing from lots of different people from across Nottingham and Nottinghamshire. This information is only used to monitor our recruitment practices. For any questions if we do not provide the suitable option for yourself please add it to the form.

This form will be treated confidentially in line with our privacy statement.

**Is there anything we can do to make this opportunity more accessible for you? For example, do documents in large print or provide a hearing loop. - please note this question will not negatively impact your application. As a Disability Committed employer all disabled applications that match our criteria will also be offered an interview alongside those who do not have disabilities.**

|  |
| --- |
|       |

**What is your date of birth?**

**How would you describe your nationality?**

**What is your main language?**

**What other languages do you**

**speak?**

**How would you describe your gender?**

☐ Woman / girl

☐ Man / boy

☐ Non-binary

☐ Intersex

☐ Prefer to self-describe

☐ Prefer not to say

**Is your gender the same as the sex you were assigned at birth?**

☐ Yes

☐ No

☐ Prefer not to say

**How would you describe your sexuality?**

☐ Asexual

☐ Bisexual

☐ Gay man

☐ Heterosexual or straight

☐ Lesbian / Gay woman

☐ Pansexual

☐ Prefer to self-describe

☐ Prefer not to say

**How would you describe your ethnicity?**

☐ Arab

☐ Asian or Asian British: Bangladeshi

☐ Asian / Asian British: Chinese

☐ Asian / Asian British: Indian

☐ Asian or Asian British: Pakistani

☐ Asian / Asian British: Any other Asian / Asian British background

☐ Black / Black British: African

☐ Black / Black British: Caribbean

☐ Black / Black British: Any other Black / Black British background

☐ Mixed / Multiple ethnic groups: Asian and White

☐ Mixed / Multiple ethnic groups: Black African and White

☐ Mixed / Multiple ethnic groups: Black Caribbean and White

☐ Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups

☐ White: British / English / Northern Irish / Scottish / Welsh

☐ White: Irish

☐ White: Gypsy, Traveller or Irish Traveller

☐ White: Roma

☐ White: Any other White background

☐ Any other ethnic group

☐ Prefer not to say

**What is your religion?**

☐ Buddhist

☐ Christian

☐ Hindu

☐ Jewish

☐ Muslim

☐ No religion

☐ Sikh

☐ Other religion

☐ Prefer not to say

**What is your marital or civil partnership status?**

☐ Single

☐ Cohabiting

☐ In a civil partnership

☐ Married

☐ Separated

☐ Divorced / Dissolved civil partnership

☐ Widowed

 ☐ Prefer not to say

**Do you have an impairment?**

☐ Yes - Physical or mobility impairment

☐ Yes - Sensory impairment

☐ Yes - Learning disability or difficulties

☐ Yes - Mental health condition

☐ Yes - Long-term condition

☐ Yes - other

☐ No

☐ Prefer not to say

**Do you have a long-term health condition?**

☐ Yes - Asthma, COPD or respiratory condition

☐ Yes - Blindness or severe visual impairment

☐ Yes - Cancer

☐ Yes - Cardiovascular condition (including stroke)

☐ Yes - Chronic kidney disease

☐ Yes - Deafness or severe hearing impairment

☐ Yes - Dementia

☐ Yes - Diabetes

☐ Yes - Epilepsy

☐ Yes - Hypertension / high blood pressure

☐ Yes - Learning disability

☐ Yes - Mental health condition

☐ Yes- Musculoskeletal condition

☐ Yes - Other

☐ No

☐ Prefer not to say

**Are you an unpaid carer?**

☐ Yes

☐ No

☐ Prefer not to say

**Are you cared for by someone else?**

☐ Yes

☐ No

☐ Prefer not to say

**Thank you for your application!**

**Please return your completed application form to:**

Unit 1 Byron Business centre, Duke street, Hucknall, NG15 7HP

Or email it to us at: natalie.wright@hwnn.co.uk