**Healthwatch south east London Patient Group**

**Application form**

*Please read our Role Description before completing this form. The members of the Healthwatch south east London Patient Group are volunteers and no pay is attached to the role. However, reasonable expenses will be paid.*

**Please return with the equality monitoring form by 5pm, Friday 20th November to**:

Joy Beishon CEO

Healthwatch Greenwich

**‘joy@healthwatchgreenwich.co.uk’**

##### **SECTION 1 – ABOUT YOU**

|  |  |
| --- | --- |
| **Surname** |  |
| **Forenames** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Preferred method of contact** |  |

|  |
| --- |
| Please tell us why you want to be a member of the Healthwatch SEL Patient Group and how you could add value to Healthwatch Greenwich. *(500 words maximum)* |
| The south-east London boroughs are very diverse; please outline any experience of working with and, or engaging with diverse communities. *(500 words maximum)* |
| Why do you believe enabling the voice of the ‘seldom heard’ is an important function of local Greenwich? *(500 words maximum)* |

**Please confirm your eligibility by filling in the boxes below. Members of the Group must live, work *or* use health and social care services in Greenwich. Political appointees eg Councillors or MPs are not eligible to apply:**

I live in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I work in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I use health and/or social care services in \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am not employed by an organisation which commissions or provides health and social care services in south east London.

**SECTION 2: YOUR SKILLS AND EXPERIENCES**

Please write here details of any experience, knowledge, or skills that you think are relevant to your application. Please address the points in the Role description. *(500 words maximum)*

|  |
| --- |
|  |

Do you sit on any Boards or Committees at present?

Yes No

No

If you answerd yes, please list them below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: SUPPORT**

It is important to us that we ensure everyone can fulfil their role to the full. If you have any support needs, it would be helpful if you could describe what you will need and how you would like this support to be offered.

|  |
| --- |
|  |

**SECTION 4: REFERENCES**

Please provide the names and contact details of two people who are willing to provide a reference for you and who can talk about the areas of experience, skills and personal commitment you have outlined in your application.

|  |  |  |
| --- | --- | --- |
| **Name** | **Role/ relationship to you** | **Contact details** |
| 1. |  | Address: |
| Email: |
| Tel: |
| 2. |  | Address: |
| Email: |
| Tel: |

**SECTION 5: DECLARATION**

I declare that:

the information I have given in support of my application together with any other information that I may provide as part of my application is, to the best of my knowledge and belief, true, accurate and complete. I understand that:

1. Any information (including sensitive personal detail) I provide may be verified during the application process through personal or written contact in whatever manner is considered appropriate, and I expressly consent to such processing.
2. If it is found out that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be removed.

|  |
| --- |
| **Signed: Date:** |

Thank you for completing this application form and for your interest in becoming a member of the SEL Healthwatch Patient Group.

*Please contact us if you would like a copy of our confidentiality and data protection policy.*