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**MVP Chair Application Form**

**Note:** The information you supply will be dealt with in confidence. Please refer to the Maternity Voices Partnership Chair/Co Chair role spec when completing your application.

**Personal details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Email  |  |
| Contact phone number |  |

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| --- |
| **Please tell us about yourself and why you would like to be the Chair or Co Chair for a Maternity Voices Partnership?** |
| **In your opinion what skills are needed to effectively participate as a Chair for a Maternity Voices Partnership?** **What understanding do you have of the local maternity health and care services within Greenwich?****What are your personal experiences with Maternity services?****Are you confident in the use of social media? Can you describe how you would apply this to the role?** |

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| **How / where did you hear about the role of MVP Chair/ Co Chair?** |

**Declaration of Interests**

Do you have any business or personal interests that might be relevant to the work of the Maternity Voices Partnership which could lead to a real or perceived conflict of interests were you to be appointed? (Failure to disclose such information could result in an application being terminated).

Yes 🞏 No 🞏

If yes, please give details below

**Referees**

|  |
| --- |
| Please provide contact details (name, address, telephone/email contact details) of two people who have known you at least two years – they cannot be family members or friends and if possible, your recent or current employer should be one referee. |
| **Name:****Capacity:****Address:****Tel:****Email:**  |
| **Name:****Capacity:****Address:****Tel:****Email:** |

* I confirm that the information given in this form is correct to the best of my knowledge and understand that any false statements or missing information would mean my application being withdrawn or my MVP Chair position being terminated.
* I understand that all my details from the application will be put in computer or on file as ‘private & confidential’ under the Data Protection Act (1998).
* I understand that any appointment will depend on clear references.
* I understand that NHS South East London CCG is committed to safeguarding children and vulnerable adults and has the right to ask a for Disclosure and Barring Service (DBS) check.
* I confirm that I am not barred or in the process of being barred from working with children or vulnerable adults and I agree to have an enhanced DBS check.
* I give permission for any of my confidential details to be shared with other members of staff at NHS South East London CCG.
* I will inform NHS South East London CCG quickly of any changes that may affect my role as MVP Chair, such as changes to health, awaiting prosecutions or convictions, which may happen whilst I am registered for MVP work.

Signed: ………………………………………………………………………….….

Date………………………………

If you have any difficulty completing this form or require more information, please contact rachel.burrell2@nhs.net

**Please send your completed application form no later than 13th September 2021 via email to rachel.burrell2@nhs.net**

**Interviews will be held virtually on October 2021. Date TBC**

***Thank you for completing this application form****.*