

**Application form for Healthwatch Southwark (HWS) Advisory Board**

**Please read the Advisory Board Terms of Reference and role descriptions (for Members or the Chair) before applying which can be downloaded from our website:** [Our Advisory Board | Healthwatch Southwark](https://www.healthwatchsouthwark.org/our-advisory-board)

Please complete the form, expanding the boxes as required, and return it to [info@healthwatchsouthwark.org](mailto:info@healthwatchsouthwark.org) or by post to Healthwatch Southwark, 11 Market Place, Bermondsey, London, SE16 3UQ

If you have any questions about HWS or this application process, contact Rhyana Ebanks-Babb, Manager, by telephone (0203 848 6546) or email: [rhyana@healthwatchsouthwark.org](mailto:rhyana@healthwatchsouthwark.org)

1. **Your role on the Advisory Board**

**AB members should be ‘lay people’ – i.e. not currently working in a registered health or social work profession. They should also not be employed in other roles by health and social care commissioning organisations for Southwark, such as national NHS bodies, South East London Clinical Commissioning Group or Southwark Council. Those holding political office as a Councillor or MP will not be considered.**

Please confirm by checking this box that you are not excluded by these criteria.

Are you applying as… (check any that apply):

Individual local person (living or registered with a GP in the borough of Southwark) with experience of using (or trying to use) local health and/or care services on behalf of yourself or someone you care for

Local person (living or registered with a GP in the borough of Southwark) with good connections in and knowledge of different communities, or a member of a community network or organisation such as a PPG or TRA (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Representative of a not-for profit organisation with interest and expertise in working with diverse communities, promoting public voice, and improving health and social care services.

Please specify the organisation and your role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please ensure that you have the consent of your chief executive or Board to take on this representative role, and include your manager as one of your references below.*

**The Chair needs to be a Southwark resident (or registered with a Southwark GP) aged over 18, with some experience of using local health and/or care services on behalf of themselves or someone they care for (though they may also fit into other categories above).**

If you are applying for the role of Chair, please check here and also attach your CV.

1. **Personal information**

|  |  |
| --- | --- |
| Title | Mr Mrs Miss Ms Dr Other (Specify) |
| First name |  |
| Surname |  |
| Address |  |
| Email |  |
| Phone |  |
| Alternative phone |  |

1. **Your relevant experiences and knowledge**

|  |
| --- |
| Please tell us briefly about your experiences, networks or organisational role(s) as mentioned above. |
|  |
| Are there specific areas of health and social care, or particular types of people/patients/user groups that interest you particularly or where you have more knowledge? |
|  |

1. **Your suitability for this role**

|  |
| --- |
| Why would you like to become a member of the Healthwatch Southwark Advisory Board? |
|  |
| What qualities and experience do you think you could bring to Healthwatch Southwark, and how have you demonstrated these in your work, voluntary or life experience? (Please refer to the role descriptions for the Members or Chair for examples of relevant qualities.) |
|  |
| Have you volunteered or been part of a committee before? If so tell us where and what you did… |
|  |

1. **Additional information**

|  |
| --- |
| Please use this space to tell us anything else that you would like us to know. |
|  |

1. **References**

These should be someone who knows you well enough to comment on your character and ability for this position. We will not contact these people unless you are successful at the interview stage. If you are applying as an organisational representative, please include your current manager in that role.

Reference 1

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Relationship to you |  |

Reference 2

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Relationship to you |  |

1. **Declaration**

I declare that the information I have given on this form is true to the best of my knowledge, and give my consent for Healthwatch Southwark to contact my references if I am successful at the interview stage.

|  |  |
| --- | --- |
| Signature (please type your name if unable to insert a signature) |  |
| Date |  |

A picture containing text, clipart

Description automatically generated

Equality & diversity monitoring questions

We are asking the following equalities questions to ensure that we are engaging with and hearing from a diverse range of people that reflect Southwark communities. If you would prefer not to answer, please select 'Prefer not to say'.

1. **Age**

|  |  |  |
| --- | --- | --- |
| * <18 | * 35-44 | * 65-74 |
| * 18-25 | * 45-54 | * 75+ |
| * 26-34 | * 55-64 | * Prefer not to say |

1. **Gender/gender identity**

|  |  |  |
| --- | --- | --- |
| * Female | * Non-binary | * Prefer not to say |
| * Male | * Other |  |

1. **Ethnicity/ethnic background**

|  |  |  |
| --- | --- | --- |
| * Arab/Arab British | * Black/Black British - African | * White British/ English/Scottish/ Welsh/Northern Irish |
| * Asian/Asian British – Bangladeshi | * Black/Black British - Caribbean | * White Irish |
| * Asian/Asian British - Chinese | * Black - other | * White European |
| * Asian/Asian British - Indian | * Latin American | * White Traveller/ Irish Traveller/ Gypsy |
| * Asian/Asian British – Pakistani | * Mixed – Asian and White | * Other |
| * Asian – other | * Mixed – Black African and White | * Prefer not to say |
| * Kurdish/Kurdish British | * Mixed – Black Caribbean and White |  |
| * Turkish/Turkish British | * Mixed – other |  |

1. **Do you consider yourself to have a disability?**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Don’t know |
| * Prefer not to say |  |  |

1. **Do you have any unpaid caring responsibilities?**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Don’t know |
| * Prefer not to say |  |  |

1. **What is your employment status?**

|  |  |  |
| --- | --- | --- |
| * Full time employed | * Unemployed | * Part-time employed |
| * Student * Prefer not to say | * Retired | * Other |

1. **Do you have refugee or asylum seeker status?**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Don’t know |
| * Prefer not to say |  |  |