**

**London Safeguarding Voices Group**

**Application form**

*Please read our Role Description before completing this form. The members of the London Safeguarding Voices Group are volunteers and no pay is attached to the role.*

**Please email your completed form to** **ssab@southwark.gov.uk**with the title ‘London Safeguarding Voices Group Application.’ If you need to send a paper application, please get in touch first for details as we are currently working from home.

|  |  |
| --- | --- |
| **Surname** |  |
| **Forename(s)** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone number(s)** |  |
| **Email address** |  |
| **Preferred method of contact**  |  |

**In order to be eligible, please tick to confirm you meet both of the criteria below:**

I live/work in Soutwark or have an adult relative being cared for in Southwark.

I have experience of Safeguarding either personally or as a family member or a Carer.

**SECTION 1: ABOUT YOU**

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| Please tell us why you would like to be a member of the London Safeguarding Voices Group. You may find it useful to refer to the Role Description and to cover points such as: * What you feel you can bring to the work of the safeguarding adults
* What experience you have of engaging with diverse communities
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**SECTION 2: YOUR SKILLS AND EXPERIENCES**

Please refer to the Role Description document and write here details of any relevant skills, experiences and knowledge you have for this role.

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Do you sit on any Boards or Committees at present?

Yes No

 No

If you answered 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.

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**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.

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| --- | --- | --- |
| **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.

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| **Signed: Date:** |

Thank you for completing this application form and for your interest in becoming a member of the LSVG. Please now submit this form to ssab@southwark.gov.uk.