**HEALTHWATCH SALFORD CHAIR APPLICATION FORM**

All information provided will be treated as confidential and used only for the purposes of selection to be Chair of Healthwatch Salford.

If you have any questions about filling in this application form or about the application process, please contact [sam.cook@healthwatchsalford.co.uk](mailto:sam.cook@healthwatchsalford.co.uk) or call 0161 960 0316.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | Mr | Mrs | Miss | Ms | Dr | Other |
| Surname |  | | | | | |
| Forename(s) |  | | | | | |
| Previous Surnames  (if any) |  | | | | | |
| Preferred pronouns |  | | | | | |
| Home Address including postcode |  | | | | | |
| Telephone Number | Home |  | | | | |
| Mobile |  | | | | |
| Email Address |  | | | | | |
| Why do you want to become Chair of Healthwatch Salford? | | | | | | |
| Please outline any experience and skills that you think may be relevant | | | | | | |
| Please use this section to tell us anything else that you think is relevant and which is not included elsewhere on the application form | | | | | | |
| Do you have a disability or long-term health condition we need to be aware of so that we can provide support to help you to either apply for or carry out this role? | | | | | | |
| **Referees** | | | | | | |
| Please give details of TWO referees and identify the capacity in which they are known to you.  **Please complete these details as fully as possible.**  **Referee 1 Referee 2**   |  |  |  |  | | --- | --- | --- | --- | | Name |  | Name |  | | Address |  | Address |  | |  |  |  |  | |  |  |  |  | | Postcode |  | Postcode |  | | Tel. No |  | Tel. No |  | | Email |  | Email |  | | Capacity Known |  | Capacity Known |  | | | | | | | |
| **Declaration**  Please read the following statement. If you wish to proceed with your application, please sign and date this form.   * I have read and understand the information contained in the recruitment pack * The information supplied by me in this application is correct * If appointed, I am prepared to observe the relevant obligations and rules and act in good faith and in the interests of Healthwatch Salford * I understand that if offered this position my formal appointment will be confirmed subject to satisfactory outcomes from:   - An insolvency status check  - A disqualified director check  - A Disclosure and Barring Service (DBS) check  - References | | | | | | |
| Signed | | | | Date | | |