

Application to become a member of Kent's Interim Shadow Local Healthwatch

Please use the information in the Application Pack to help you complete this form.

Please type your answers into the text boxes. These will expand as you type until they fill the box. Please use a font size of 11 to complete your answers. Electronic application forms are preferred, but if you wish to fill out the application form by hand, print the application and complete responses in black ink (continue longer answers on a separate numbered sheet).

If you feel a question does not apply, please mark it N/A (not applicable).

Application forms should be completed and returned by the 16th of July 2012, preferably by email to: kentph08@kent.gov.uk or by post to: FAO Tish Gailey, Room 3.23, Sessions House, County Hall, County Road, Maidstone, Kent, ME14 1XQ

Applicants may be called for interview if the panel wish to clarify aspects of the application form, and applicants will be informed of a successful application, or invited for interview by the beginning of August 2012.

If your application is unsuccessful you will be eligible to become an associate member of the Interim Shadow LHW. You will find information in the Application Pack.

All information provided in this application form will be treated as confidential, and used only for the purposes of selection to be a member of the Interim Shadow Local Healthwatch. Applications will be retained for one year, before being destroyed in accordance with data protection regulations.

If you have any questions about filling in this application form, require any further information about the application procedure, or feel that a written application form is not suitable for you, please email kentph08@kent.gov.uk or contact Tish Gailey at the above address or on 01622 696802

SECTION 1 PERSONAL INFORMATION

1. Title *(please select and put a X in one box)*

Mr

Mrs

Miss

Ms

Dr

Other *(please specify)*

2. Surname:

3. Forename(s)

4. Previous surname(s) (if applicable)

5. Home address & postcode

6. Telephone number: Home:
Mobile:

7. E-mail address:

8. Date of Birth:

9. How long have you lived in Kent

less than a year

1-5 years

more than 5 years

I don't live in Kent

10. Do you use health or social care services in Kent?

Yes

No

11. Are you:

single

married/in a civil partnership

cohabiting

divorced

widowed

12. Place and country of birth:

13. Nationality:

14. Qualifications and training:

Please identify below any educational qualifications and/or relevant training you have (having lower qualification levels will not disadvantage you).

Name of qualification/training	When qualification was gained/training was undertaken

15. Are you:

Employed Self-employed Not in paid employment

Retired

Other (please specify).....

16. Health

Do you have a disability?

No

Yes

If you wish to disclose this, please give details.....

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SECTION 2: REASONS FOR APPLYING AND SUITABILITY (PLEASE REFER TO THE JOB ROLE AND SPECIFICATION OUTLINED WITHIN THE APPLICATION PACK)

1. Please describe why you are interested in this post.

2. Please outline any voluntary experience, or voluntary groups or charities that you have been involved with, for how long, and what your role is/was.

3. Please describe how you think that your work experience, and voluntary or other personal/professional experience, would enable you to be an effective and valuable member of the interim Shadow Local Healthwatch. (*Please refer to the Job Role and Person Specification in the Application Pack*). Also include any experience working with or representing “hard to reach” or marginalised groups or individuals. You can continue your answer on the following page if necessary.

4. What particular qualities do you think you could bring to the role? (*Please refer to the Role and Person Specification in the Application Pack*)

5. What are your recreational interests and activities?

6. Please provide any further information that will support your application.

SECTION 3: REFEREES

Please give details of two referees – at least one referee must have known you for at least three years. This can be a previous employer or character referee. They may be contacted at a later date about providing a more in-depth reference.

REFEREE 1

Title and Name

Address

Relationship to applicant

Length of time known

Telephone number

Occupation

E-mail address

REFEREE 2 (optional)

Title and Name

Address

Relationship to applicant

Telephone number

Occupation

E-mail address

Equalities Monitoring Form

Stand up and be counted....

We are striving to create a working environment and culture that recognises and values people's differences. We will only do this by attracting, recruiting and retaining the most creative and talented people who reflect all sections of our community. To understand if we are achieving this, it is important that you complete this monitoring form. The information you give is confidentially managed and is not seen by recruiting managers. If you decide not to complete some or all of the form, we will record that your choice is to 'not declare'. Thank you for your help.

Protecting your personal information KCC retains on file information (including health and equalities data) from this form and any attached documents. This is required for recruitment and equal opportunities monitoring purposes, the payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance with the data protection legislation. I understand the personal data provided may be used to update/correct data previously recorded. This will be retained on my personal record within a secure personnel system. Access to such data is restricted to personnel staff in accordance with Data Protection requirements, and is used solely to ensure KCC meets its obligations under equality legislation. Data is not attributed to an individual in any reporting.

Disability

Applications from disabled people are welcome and disabled applicants who meet the minimum Criteria are guaranteed an interview. We want to ensure that disabled people are considered on an equal basis by providing appropriate access and equipment. To help us do this, please answer the following questions:

Do you consider yourself To be disabled?	
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Is there anything you would like us to know about your disability to assist you in the recruitment process?

If you are invited to interview, do you need any of the following (please tick)

Accessible car parking	<input type="checkbox"/>
Assistance in and out of vehicle	<input type="checkbox"/>
Wheelchair access	<input type="checkbox"/>
Accessible toilet	<input type="checkbox"/>
Someone with you at the interview (e.g. advocate or facilitator)	<input type="checkbox"/>
Sign language interpreter (please state type)	<input type="checkbox"/>
Induction loop or other hearing enhancement	<input type="checkbox"/>
Keyboard for written tests	<input type="checkbox"/>
Do you have any other special requirements	<input type="checkbox"/>

What is your religion/belief? (please tick)	Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
	Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>	Other religion or belief	<input type="checkbox"/>
	Jewish	<input type="checkbox"/>	None	<input type="checkbox"/>
What is your sexual orientation? (please tick)	Heterosexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>

ETHNIC ORIGIN
Please tick one box only, indicating the category that best describes your ethnic origin.

White

English/Welsh/Scottish/
Northern Irish/British

Irish

Gypsy Roma

Irish Traveller

Any other White background
(please specify)

Mixed / Multiple Ethnic Groups

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/multiple
ethnic background
(please specify)

Asian / Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background
(please specify)

**Black / African / Caribbean /
Black British**

African

Caribbean

Any other
Black/African/Caribbean
background (please specify)

Other Ethnic Group

Arab

Any other ethnic group (please
specify)

Do not wish to declare

Gender (please tick)

Male Female