 

**Application Form: Trustee – Community Representative**

**Please note:** The first two pages of the application form will not be used as part of the shortlisting process.

**Name(s)**

**Address.**

**Tel (Home)** **Mobile.**

**Email**

**Reasonable Adjustments.**

The selection process consists of this application form and a short interview. Do you need any adjustments in order to be able to participate in this process? If so, please let us know what these are.

**References.**

Please give the names, addresses and telephone numbers of ***TWO*** character referees. One of whom should be your present or most recent employer or teacher/tutor. At least one Referee must be available for contact prior to the interview. Please confirm with your referee that they are willing/able to supply references before you give their name to us.

Name.

Their relationship to you

Address

Tel.

Please say how long you have known this person

**Referee Two**.

Name.

Their relationship to you

Address

Tel.

Please say how long you have known this person

**Your Supporting information** – In the information pack you will see the role and person specification which sets out a range of criteria for the role of Trustee.

Please use this page to describe how you meet the statements set out in the person specification for this role – **Note**: *We do not expect candidates to hold all of these criteria.*

Tell us also about your experiences, interests and any particular skills you can bring to the role. We are keen to hear of your reasons for wanting to become a Community Representative with Healthwatch.

(***Please use no more than 2 sides of A4 and a minimum of size 12 font.)***

Page Two of Supporting Information.

**Confidential Equal Opportunities Monitoring.**

The next page will be detached prior to short listing and will not be used as part of the short listing process.

Healthwatch Kirklees and Calderdale is an equal opportunities organisation. All applicants will be considered on the basis of suitability for the post, regardless of gender, race, marital status, religion, disability, age or sexual orientation. In order to monitor the effectiveness and success of the policy, it is important that you complete the form attached.

By completing this form you have helped us better understand how we, as an organisation, ensure equality of opportunity for all.

**Gender** Man  Woman  Intersex  Non-binary  Prefer not to say 

If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes  No  Prefer not to say 

**Age** 16-24 25-29  30-34  35-39 40-44  45-49 

50-54 55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian 

Prefer not to say  Any other mixed background, please write in:

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

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

African  Caribbean  Prefer not to say 

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with Stacey Appleyard.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual 

Prefer not to say  If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over)  Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 