

# Advisory Group Application Form

**Note:** The information you supply will be dealt with in confidence. Please refer to the role spec when completing your application.

## Personal details

Name	
Address	
Postcode	
Email	
Contact phone number	

**Please tell us about yourself and why would you like to join the Healthwatch Rochdale Advisory Group?**

**In your opinion what skills are needed to effectively participate as an Advisory Group member?**

**What understanding do you have of the local health and social care services within the Rochdale Borough?**

**What are your personal experiences with health and social care services?**

**Which of the key areas are you a representative of? Please tell us how this will benefit your role as an Advisory Group member.**

**How / where did you hear about the role of an Advisory Group member with Healthwatch Rochdale?**

**Declaration of Interests**

Do you have any business or personal interests that might be relevant to the work of Healthwatch Rochdale which could lead to a real or perceived conflict of interests were you to be appointed? (Failure to disclose such information could result in an application being terminated).

Yes  No

If yes, please give details below

**Referees**

Please provide contact details (name, address, telephone/email contact details) of two people who have known you AT LEAST TWO YEARS - they cannot be family members or friends and if possible your recent or current employer should be one referee.

**Name:**

**Capacity:**

**Address:**

**Tel:**

**Email:**

**Name:**

**Capacity:**

**Address:**

**Tel:**

**Email:**

- I confirm that the information given in this form is correct to the best of my knowledge and understand that any false statements or missing information would mean my application being withdrawn or my voluntary position with Healthwatch Rochdale Ltd. being terminated.

- I understand that all my details from the application will be put in computer or on file as 'private & confidential' under the Data Protection Act (1998).
- I understand that any appointment will depend on clear references.
- I understand that Healthwatch Rochdale is committed to safeguarding children and vulnerable adults and has the right to ask a for Disclosure and Barring Service (DBS) check.
- I confirm that I am not barred or in the process of being barred from working with children or vulnerable adults and I agree to have an enhanced DBS check.
- I give permission for any of my confidential details to be shared with other members of staff at Healthwatch Rochdale.
- I will inform Healthwatch Rochdale quickly of any changes that may affect my volunteering, such as changes to health, awaiting prosecutions or convictions, which may happen whilst I am registered for voluntary work.

Signed: .....

Date.....

If you have any difficulty completing this form, please contact us on 01706 249 575 or email [volunteers@healthwatchrochdale.org.uk](mailto:volunteers@healthwatchrochdale.org.uk)

Please send your completed application to: [volunteers@healthwatchrochdale.org.uk](mailto:volunteers@healthwatchrochdale.org.uk) or

Volunteering: "Advisory Group"  
Healthwatch Rochdale  
104 - 106 Drake Street  
Rochdale  
OL16 1PQ

*Thank you for completing this application form.*