

**Healthwatch Milton Keynes CIO**

**Trustee Application Form**

|  |
| --- |
| **Contact Details** |
| Name  |  |
| Address |  |
| Postcode |  |
| Phone No(s) |  |
| Email Address |  |

|  |
| --- |
| **Do we need to make any disability-related adjustments to support you to take part in the recruitment process?** Yes/No |
| If Yes, please detail:  |

|  |
| --- |
| **References** |
| **Please give us contact details of two references (these will only be contacted if your application is successful**  |
| **First Reference:** | **Second Reference:** |
| Name: | Name: |
| Address: | Address: |
| Post Code | Post Code |
| Telephone: | Telephone: |
| Email: | Email: |

|  |
| --- |
| **Personal Statement**  |
| Please provide a statement on your interest and suitability for the role of Trustee at Healthwatch Milton Keynes based on the information provided in the Board Members recruitment pack, and the role description/person specification. Please provide details of any skills and experience that you feel you could bring to your role as a Healthwatch Milton Keynes Trustee? |
|  |

|  |
| --- |
| **Skills** |
| We value the variety of skills and experience that local people bring to Healthwatch Milton Keynes, including skills developed through employment, volunteering, personal experience of health and social care services etc. Please indicate whether you have any skills and experience in the following areas: |
|  | **Yes/No** |
| Health and Care commissioning/procurement with Integrated Care services and/or Local Authorities |  |
| Organisational Governance |  |
| Financial and accounting  |  |
| Marketing |  |
| Communications |  |
| Human Resources |  |
| Human resources governance |  |
| Change Management/restructuring |  |
| Information Governance |  |
| Engagement and Participation  |  |
| Business Planning |  |
| Business Development and Income generation  |  |
| Fundraising |  |
| Research |  |
| Strategic Planning |  |

|  |
| --- |
| **Please use this space to tell us about anything else you feel would support your application?** |
|  |

**You will be required to attend Trustee Board Meetings (4 per year), occasional working group meetings, away days and the Annual General Meeting. Are you able to commit to this?**

**Yes No**

**Membership of the organisation is restricted to Trustees. You will be required to attend General Meetings called by members, and at a minimum the Annual General Meeting of the CIO which is normally scheduled between September and November. Are you able to commit to this?**

**Yes No**

|  |
| --- |
| **Privacy Notice and data processing declaration:**Healthwatch Milton Keynes processes personal data relating to those who apply for volunteer vacancies with us or who send speculative job/role applications to us. We do this for volunteer purposes, to assist us in the selection of candidates for volunteers and to assist in the running of the business. Personal data may include identifiers such as your name, date of birth, personal characteristics such as gender identity, ethnicity, qualifications, and previous employment history. We will not share any identifiable information about you with third parties without your consent unless the law allows or requires us to do so. The personal data provided during an application process with be retained for a period of at least six months or, if required by law, for as long as is required. This privacy notice does not form part of a volunteer offer or contract between us. If we make a volunteer offer to you, we will provide further information about our handling of your personal information in a volunteer context separately.If you would like to find out more about our data retention policy and how we use your personal data, you want to see a copy of the information about you that we hold, or have any questions or issues regarding data protection, please email us at info@healthwatchmiltonkeynes.co.uk with the subject “Data Protection Request”. **Consent:** I consent to Healthwatch Milton Keynes processing my personal data for the purposes of trustee recruitment and understand that if I am successful, my data will be published on the Charity Commission website, so the public is aware I am a member of the Healthwatch Board of Trustees.**Signed: Date:**  |

|  |
| --- |
| **Declaration**The above information is true. I understand that any volunteer offer made on the basis of untrue or misleading information may be withdrawn or my volunteer role terminated. **Signed: Date:**  |