| HEALTHWATCH sTOCKPORT bOARD dIRECTOR Application | | |
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| Section 1: Personal Information | | |
| Full Name: | | |
| Phone: | | Mobile: |
| Current address: | | |
|  | | Postcode: |
| Email address: |  | |
| Employment status: | Choose an item. | |
| Section 2: REASONS FOR APPLYING TO BECOME A Healthwatch stockport dIRECTOR | | |
| **Please read all the questions in this section before responding** | | |
| 2.1. Please outline your knowledge of Healthwatch Stockport and the work it does: | | |
| Click here to enter text. | | |
| 2.2. Please outline any experience you have had with the local voluntary, community, faith, and/or business sector: | | |
| Click here to enter text. | | |
| 2.3. Please provide reasons as to why you would like to become a director of the Healthwatch Stockport Board: | | |
| Click here to enter text. | | |
| 2.4. Please describe how your work experience, and voluntary or other personal/professional experience, would enable you to be an effective and valuable member of the Healthwatch Stockport Board of Directors. Outline any characteristics, qualities, or skills you think could benefit Healthwatch Stockport. [Please refer to the Director Expectations, Competencies and Role Description included with this pack]. | | |
| Click here to enter text. | | |
|  | | |
| Section 3: DECLARATION | | |
| Please read the following statements. If you agree with the information and agree to the subsequent checks, please sign and date this form and return it to Healthwatch Stockport: | | |
| * I have read and I understand the information provided within the Healthwatch Stockport Board of Directors Membership Application Pack * The information I have provided in my application is correct. * If appointed as a Board Director of Healthwatch Stockport, I am prepared to observe the relevant obligations and rules, act in good faith and in the interests of Healthwatch Stockport * I understand that if appointed as a Board Director of Healthwatch Stockport, my formal appointment will be confirmed subject to receipt of satisfactory outcomes from:   + An Insolvency Status Check   + A Disqualified Director Check   + A Disclosure and Barring Service Check   + Feedback from references | | |
| References | | |
| Please provide 2 references [1 personal and 1 professional, where possible]: | | |
| Referee 1: | Address: | Phone: |
|  |  |  |
| Email: |  | |
| Referee 2: | Address: | Phone: |
|  |  |  |
| Email: |  | |
| Signature | | |
| Signature of applicant: | | Date: |
| Please return your application in the envelope provided or to:  Healthwatch Stockport  48 Middle Hillgate  Stockport  SK1 3DL  Or email maria@healthwatchstockport.co.uk  **DEADLINE for applications is midnight Friday 3rd November 2023** | | |
| Office Use: | | |
| Date Received: | |  |
| Acknowledged: | |  |
| Reference: | |  |
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