**Application to become a Board Member of Healthwatch Shropshire**

Please read the whole form before completion to ensure you are eligible to serve as a Board Member (Trustee and Company Director) 

***Please note: Boxes will grow as you type in them***

Name

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Address

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Date of birth

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Occupation (i*f applicable)*:

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| --- | --- | --- | --- |
| Email |  | Phone |  |

Name of the organisation nominating you: *(If applicable)*

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What does the organisation do?

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What kind of expertise do you consider you can bring to the Board?

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| --- | --- | --- | --- |
| Organisational Development | ​​☐​ | Disability | ​​☐​ |
| Equal Opportunities, Equality and Diversity | ​​☐​ | Financial Management | ​​☐​ |
| Fundraising | ​​☐​ | Human Resources / Training | ​​☐​ |
| Background in the Voluntary Sector | ​​☐​ | Knowledge of the Community | ​​☐​ |
| Information Technology | ​​☐​ | Knowledge of the Health Sector | ​​☐​ |
| Legal | ​​☐​ | Knowledge of the Social Care Sector | ​​☐​ |
| Marketing Media / Public Relations | ​​☐​ | Knowledge of rural health issues | ​​☐​ |
| Policy Implementation | ​​☐​ | Strategic Planning | ​​☐​ |
| Research | ​​☐​ | Other (please outline below) | ​​☐​ |
| Governance | ​​☐​ |  |  |
| What other experience or skills you feel you can offer?   |  | | --- | |  | | | | |

Are there any areas of Healthwatch Shropshire’s work that you have a particular interest in and /or that you would like to become more involved with?

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Please give details of any sector or area of the County that you have a particular interest in:

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| --- | --- |
| **Health and / or care service** |  |

**Type/Size of Organisation**

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**Geographically**

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Please provide the names and contact details of two people who have known you for at least two years and are not family members

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| --- | --- |
| **Name** | **Name** |
| **Address** | **Address** |
| **Telephone** | **Telephone** |
| **Email** | **Email** |
| **How do you know this person?** | **How do you know this person?** |

**Agreement and consent to serve as a Board Member (Company Director and Charity Trustee)**

If any of the following apply to you, you are **ineligible** to serve as a company director and charity trustee:

* If you are under 18 years of age as of the date of appointment
* If you have an unspent conviction for any offence involving deception or dishonesty
* If you are an undischarged bankrupt, or have made ‘compositions’ with your creditors which have not been discharged, or in Scotland have had an estate sequestered
* If you have failed to make payments under a county court administration order
* If you have been removed by the Charity Commission or the High Court from being a trustee of or for any charity, or have been removed by the Court of Session in Scotland from being involved in the management of any charitable body
* If you are subject to a disqualification order under the Company Directors Disqualification Act

No Board Member may be a councillor of Shropshire Council or employed in a senior position by a commissioner of health or social care services in Shropshire.

If you have a criminal conviction involving deception or dishonesty and are uncertain whether it is spent or unspent, a solicitor, the Probation Service or an organisation such as NACRO or Apex Trust will be able to advise. In special circumstances the Charity Commission may give consent for a person to serve as a charity trustee even if the conviction is unspent.

Before agreeing to serve as a Board Member, you should think about whether you have any conflict of interest. Examples of possible conflicts of interest are if you are employed by another organisation which might apply competitively for the same funding as this organisation, or if you are owner or partner or hold shares in a business which might provide goods or services to Healthwatch Shropshire. Having a conflict of interest may not prohibit you from serving as a Board Member but you will have to declare it and will not be able to take part in any decision in which such conflict of interest is relevant. The Declaration of Interest form is enclosed for information.

Please sign and date the statement below, and send it to Healthwatch Shropshire, 4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, SY2 6BX

​​☐ ​I confirm that I am willing and eligible to become a member of the Board of Healthwatch Shropshireand

* that I am eligible to serve as a Board Member (company director and charity trustee)
* that if appointed I am willing to make every reasonable effort to attend Board meetings regularly, and
* I understand that if appointed I have a legal obligation to act honestly and responsibly, and always in the best interests of Healthwatch Shropshire and its beneficiaries

Name (block capitals)

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| Signature: |  | Date: |  |

**Declaration of interests** 

Name

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 Address

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Date of appointment

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Please delete whichever is not applicable:

\* I have no relevant interests to declare

\* Please see interests declared below: 

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| **Category** | **Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection.** |
| Current employment and any previous employment in which you have a financial interest. |  |
| Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc. |  |
| Membership of any professional bodies, special interest groups or mutual support organisations. |  |
| Investment in unlisted companies, partnerships and other forms of business, major shareholdings (charities may set a figure here, e.g. more than 1% or 5% of issued capital) and beneficial interests. |  |
| Gifts or hospitality offered to you by external bodies and whether this was declined or accepted in the last 12 months. |  |
| Any other conflicts that are not covered by the above. |  |

To the best of my knowledge, the above information is complete and correct. I undertake to update the information provided as necessary and to review the accuracy of the information on an annual basis.

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| Signed: |  | Date: |  |