## 

# Volunteer Application Form -

# HealthwatchChampions

|  |
| --- |
| **Name:** |

|  |
| --- |
| **Address:**  **Postcode:** |

|  |
| --- |
| **Telephone number:**  **Mobile Number:**  **Email Address:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Birth:** |  | **Gender: M:** |  | **F:** |  |

|  |
| --- |
| **Please tell us a little bit about why you want to be a Healthwatch St Helens Champion and any relevant skills and experience you have.** |

|  |
| --- |
| Do you have any additional needs that we need to be aware of? Yes/No  **If yes please give details:** |

Healthwatch St Helens is committed to Equal Opportunities and welcomes applications regardless of race, colour, nationality, sex, sexuality, marital status, caring responsibilities, age, physical, sensory or mental disability, or unrelated criminal conviction.

The information contained in this form will be kept on file for a period of time and we will ensure all information is kept confidential and in accordance with current Data Protection Legislation.

**Declaration:**

**I certify that, to the best of my knowledge, the information provided is correct.**

Name (printed)…………………………………………

Signed…………………………………………………..

Date……………………………………………………..