##

# Volunteer Application Form -

# Healthwatch St Helens Representatives

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| **Name:** |

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

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

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

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| **Please tell us a little bit about why you want to be a Healthwatch St Helens Representative.** |

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| **Background Information:** Please give brief details of any experience or training, which might be useful.  |

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| Have you ever been convicted of a criminal offence, which may affect your suitability to volunteer? Yes/No**If yes please give details**(**Please note that a Disclosure & Barring check might be necessary)** |
| Do you have any additional needs that we need to be aware of? Yes/No**If yes please give details:** |

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| **Referees.** Please give the name and address of two referees. Your referees may be representatives from your current employment or voluntary placement, otherwise from non-family members who have known you for a period of two years or more. Please ask the referees’ permission first.  |
| Name:Address:Telephone No:Relationship to referee: | Name:Address:Telephone No:Relationship to referee: |

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……………………………………………………..