|  |  |
| --- | --- |
|  |  |

**Independent Strategic Advisory Board Application Pack**

Thank for your interest in the Healthwatch North East Lincolnshire Independent Strategic Advisory Board.

The enclosed application pack is designed to cover both the Chair and fellow Member positions of the ISAB. Applicants are welcome to apply for one or both of the roles.

Following receipt of applications, short listing will take place and interviews will be held. MNH will conduct post interview checks and may take up references before an appointment is formally made.

Application forms should be completed and returned by 17th June 2018, preferably by email to hgrimwood@meetingnewhorizons.co.uk, or by post to: Helen Grimwood, MNH, The Strand, 75 Beverley Road, Hull, HU3 1XL.

If you wish to include a CV (no more than two sides of A4) please attach it to your application form.

All information provided will be treated as confidential, and used only for the purposes of selection to be an ISAB member of Healthwatch North East Lincolnshire.

Should you have any questions about this application pack or require assistance please email hgrimwood@meetingnewhorizons.co.uk.

Recruitment Timetable

|  |  |  |
| --- | --- | --- |
|  | **Key Steps** | **Date** |
| 1. | Recruitment launch and recruitment pack goes live | 14 May 2018 |
| 2. | Closing Date | 17 June 2018 |
| 3. | Interviews | 20 June 2018 |
| 4. | Confirmation of Appointments | 22 June 2018 |
| 5. | First meeting of ISAB | July (based on availability of members) |

**Requirements**

**Meetings:**

All ISAB members are expected to attend the majority of all scheduled meetings of the Board and to work constructively with other Board members and staff of Healthwatch. Members will also be required to allocate time for reading reports and preparing for Board Meetings.

**Other possible attendance:**

ISAB members may be expected to attend other events associated meetings e.g. attending conferences, seminars and other Healthwatch related events, in order to increase their knowledge base and share good practice with Healthwatch North East Lincolnshire.

**Eligibility:**

Anyone who is over the age of 18 and lives or uses health or social care services within the North East Lincolnshire Council boundary is eligible to apply. However, the following exceptions may apply:

* Current health and social care providers (managers, trustees, employers and current employees) whose main function is to provide services in/to North East Lincolnshire.
* People whose work directly involves them in commissioning health or social care services in/for the North East Lincolnshire, or in commissioning or making strategic policy for other North East Lincolnshire Council services.

Applicants are expected to provide honest, full and accurate information and any failure to declare relevant information or the provision of false information could result in an application being rejected or a place on the Board being withdrawn.

Applicants must declare any relevant personal, professional or commercial interests in any matters which are likely to be passed before the board.

A conflict may arise from financial, professional or personal circumstances, and may include but are not limited to:

* Direct financial gain or benefit to the member, such as:
  + Payment to a Board member for services provided to the Healthwatch organisation.
  + The award of a contract to another organisation in which a Board member has an interest and from which a Board member will receive a financial benefit.
  + The employment of a Board member in a separate post within the Healthwatch organisation, even when the member has resigned in order to take up the employment.
* Indirect financial gain, such as employment by the Healthwatch organisation of a spouse or partner of a Board member.
* Non-financial gain, such as when a user of Healthwatch North East Lincolnshire’s services is also a Board member.
* Conflict of loyalties, such as where a Board member is appointed by the local authority or by one of the funders of Healthwatch, or where a friend of a Board member is employed by Healthwatch North East Lincolnshire.

**Code of Conduct:**

ISAB Members will be expected to abide fully with Healthwatch North East Lincolnshire’s code of conduct and the Nolan Seven Principles of Public Life thus maintaining high standards of probity. They must also present a positive image of the Board and Healthwatch North East Lincolnshire at external events.

The Principles of Public Life are a template for conduct in the public domain. Healthwatch ISAB Members will follow these principles and be expected to sign up to a code of practice.

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefit for themselves, their families or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

Application Form

**This application form should be completed by referring to the role requirements.**

Please type your answers to the questions into the text boxes. These will expand as you type until they fill the box. Electronic application forms are preferred, but if you wish to fill out the application form by hand, print the application and complete responses in black ink (continue longer answers on a separate numbered sheet).

If you feel a question does not apply, please mark it N/A (not applicable).

Application forms should be completed and returned by 17th June 2018, preferably by email to hgrimwood@meetingnewhorizons.co.uk or by post to: Helen Grimwood, MNH, The Strand, 75 Beverley Road, Hull, HU3 1XL.

All information provided in this application form will be treated as confidential, and used only for the purposes of selection to be a member of the Healthwatch North East Lincolnshire ISAB, and to be seen only by those directly involved in the appointment process. Applications will be retained for one year, before being destroyed in accordance with data protection regulations.

If you have any questions about filling in this application form, or require any further information about the application procedure or Healthwatch North East Lincolnshire, please contact Helen Grimwood by email to hgrimwood@meetingnewhorizons.co.uk.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Personal Information** | | | | | | |
| **Title** (*please tick one*) | Mr | Mrs | Miss | Ms | Dr | Other |
| **Surname** |  | | | | | |
| **Forename(s)** |  | | | | | |
| **Previous Surnames**  **(*if appropriate*)** |  | | | | | |
| **Home Address** |  | | | | | |
| **Post Code** |  | | | | | |
| **Telephone Number(s)** | Home / Work |  | | | | |
| Mobile |  | | | | |
| **Email Address** |  | | | | | |
| **Which post are you applying for** (please tick)**?** | Chair Member Both | | | | | |
| **How long have you lived in North East Lincolnshire** (*please tick one*):  Less than 1 year  1- 5 years  Over 5 years  Do not live in North East Lincolnshire | | | | | | |
| **Do you use Health or Social Services in North East Lincolnshire**?  Yes No | | | | | | |
| **Place and country of birth**: | | | | | | |
| **Nationality:** | | | | | | |
| **Educational or Vocational Qualifications that you have or are working towards** (*having lower qualification levels will not disadvantage you*): | | | | | | |
| **Section 2: Why do you want to be a member of the Healthwatch North East Lincolnshire ISAB? Please give your reasons:** | | | | | | |
| **Answer:** | | | | | | |
| **Section 3: Please outline your professional, voluntary or personal experience that you think may be relevant:** | | | | | | |
| **Answer**: | | | | | | |
| **Section 4: With reference to the role description, please outline how you think that your skills make you suitable for this role:** | | | | | | |
| **Answer**: | | | | | | |
| **Section 5: Please use this section to tell us anything else that you think is relevant and which is not included elsewhere on the application form:** | | | | | | |
| **Answer:** | | | | | | |
| **Section 6: Personal Circumstances:** | | | | | | |
| **Do you consider yourself to have a disability?**  Yes No | | | | | | |
| **If you wish to disclose this, please give details:** | | | | | | |
| **Section 7: Good character and declaration:** | | | | | | |
| **Declaration:**  Please read the following statement. If you wish to proceed with your application please sign and date this form.   * I have read and understand the information contained in the application pack. * The information supplied by me in this application is correct. * If appointed, I am prepared to observe the relevant obligations and rules and act in good faith and in the interests of Healthwatch North East Lincolnshire. * I understand that if offered this position my formal appointment will be confirmed subject to receipt of satisfactory outcomes from:   + - * A Disclosure and Barring Service (DBS) check       * References | | | | | | |
| **Signed:** | | | | **Date:** | | |

**Referees**

|  |
| --- |
| **Please give details of TWO referees and identify the capacity in which they are known to you.** |

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Postcode:** | **Postcode:** |
| **Tele No.:** | **Tele No.:** |
| **Email:** | **Email:** |
| **Occupation:** | **Occupation:** |
| **Relationship to applicant:** | **Relationship to applicant:** |