# Expression of Interest Form

## Equality and Involvement Committee (EIC) Public Member

### Your details

|  |  |
| --- | --- |
| Title |  |
| First name |  |
| Last name |  |
| Address |  |
| Postcode: |  |
| Preferred daytime Telephone number: |  |
| Email: |  |

### Experience and relevant knowledge

Please use the box below to tell us about your skills and experience that relate to this role (see the person specification included in the role description) and why you are interested in joining the EIC:

|  |
| --- |
|  |

### Equality and inclusion

We value and promote diversity in all our work and are committed to equality of opportunity for all. Please use the box below to tell us how you think you can support our efforts to reach the local community:

|  |
| --- |
|   |

### Supporting information

Please feel free to add another page if you want to include any other information to help us understand why you would be right for this role. This can include details of relevant skills, knowledge, employment, experience, voluntary activities, and training etc. which you have not already told us about.

### Confirmations

Please confirm whether you have access to your own internet, email, and device to work electronically (meetings will mostly be held virtually, and papers may be shared via email)

☐ yes, I do

☐ no, I don’t

If you need any support to join meetings virtually, we can provide you with assistance.

### References

Please provide the names and full contact details of two people who have agreed to supply references. References must include one person who knows you in a professional capacity (this could be someone you have worked with or volunteered for, your education or training, or someone you have regular appointments with, such as a Job Centre Plus Advisor. The other reference can be from someone who knows you personally, but this must not be your own family). Where it is not possible to obtain a professional reference then two personal references should be sought.

**Referee 1**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address |  |
| Postcode: |  |
| Tel No: |  |
| Email: |  |

**Referee 2**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address |  |
| Postcode: |  |
| Tel No: |  |
| Email: |  |

### More about you

Given the role of the committee in helping to make sure that the voices of people and communities in Shropshire, Telford and Wrekin are at the heart of planning, designing and developing local health and care services, as far as possible, we would like the membership to be reflective of our diverse communities.

To help achieve this, we would be very grateful if you could complete the following demographic questions:

**Age range:** What age range group do you fit into from the following?

16-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐

56-65 ☐ 66-75 ☐ 75+ ☐

### **Ethnicity:** What is your ethnic background? Choose from one option that best describes your ethnic group or background.

### White / Caucasian ☐

### Asian/Asian British ☐

### Black/African/Caribbean/Black British ☐

### Mixed/Multiple ethnic groups ☐

### Other ethnic group \_\_\_\_

**Gender:** What gender do you identify as?

### Male ☐

### Female ☐

### Trans-gender ☐

### Non-binary ☐

### Prefer not to answer ☐

### Other\_\_\_\_

### Data Protection Act

Information from this form will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR). In signing this you agree to this data being held and processed for recruitment purposes and if appointed to this position you agree to further personal information being held and processed by NHS Shropshire, Telford and Wrekin in accordance with the Act.

### Disability Discrimination Act

The definition of disability in the Equality Act 2010 is if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

**Do you consider yourself to be disabled according to this definition?**

Yes ☐

(If yes, please specify any arrangements we can make to assist you if you are invited for an informal chat)

No ☐

### Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

The organisation aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. The organisation undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

**You are required to declare all current ‘unspent’ criminal convictions or cautions (including reprimands and final warnings). You are not required to disclose convictions or cautions which have become ‘spent****’.**

As part of assessing your application, organisations will only take into account relevant criminal record and other information declared which is relevant to the position being applied for.

Answering ‘yes’ to the question below will not necessarily bar you from appointment. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

**Are you currently bound** **over or do you have any current ‘unspent’ convictions or cautions (including reprimands or warnings) that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?**

Yes ☐

No ☐

If yes, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. You do not need to tell us about parking offences:

**Declaration**

The information in this form is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal from the appointment by the organisation.

**I agree to the above declaration.**

Signature:

Name:

Date: