**Lay Member**

**Application Form**

This form should be filled in with reference to the qualities section in the Job Description. Please ensure that you provide full answers to the questions below.

If you have any queries regarding the role or form you can contact the Board via email: chsab@hackney.gov.uk or phone:

Thank you in advance for your interest.

***We will send you confirmation of whether your application has been successful following the application closing date.***

**Personal details**

|  |  |
| --- | --- |
| Title |  |
| Name  |  |
| Address |  |
| Email address |  |
| Contact number |  |
| Preferred method of contact |   |

**Community of Interest**

|  |  |
| --- | --- |
| Are you a resident of City or Hackney?  |  |
| Do you belong to a community group or have a community of interest? Please specify  |   |
| Is there anyone from this group that can support your application? Please provide name and contact details |  |

**About you**

|  |  |
| --- | --- |
| Please explain your reasons for applying for this role  |  |
| What skills and attributes can you bring to the role to make you a successful Lay Member?   |   |
| Please provide any other comments that support your application (optional)  |  |

**Additional Information**

|  |  |
| --- | --- |
| Are you applying for the permanent or inter-rim role? |  |
| Reasonable adjustments required  |  |
| Do you have any convictions, cautions or have you been barred by the Disclosure Barring Service? |  |
| Date |  |
| Signature |  |

Please return this application to chsab@hackney.gov.uk by 1St August 2019.

**Equality and Diversity**

**Form**

The intention of this form is to ensure that we are attracting people of all genders, different sexual orientations, ages, ethnic backgrounds or faiths, and people with disabilities to roles advertised by the Board. Your answers will be treated confidentially and will not affect your application in any way.

**Personal Information**

|  |  |
| --- | --- |
| Full Name: |  |
| Post Applied For: | Lay Member  |
| Date of Birth: |  | Age: |  |
| Gender: | Female |  | Male |  | Transgender |   |
|  | Transgender |  | Intersex |  | Prefer not to say |  |

**Ethnic Origin**

Please identify your ethnic origin either by ticking ONE of the boxes on the right or by giving your own description.

|  |  |
| --- | --- |
| **White** | **Black or Black British** |
| English, Northern Irish, British, Welsh, Scottish |  | Black Caribbean  |  |
| Irish |  | Black African  |  |
| Romany, Gypsy or Irish Traveller |  | Any other Black background\* |  |
| Any other white\* |  |  |  |

|  |  |
| --- | --- |
| **Mixed** | **Asian or Asian British**  |
| White and Black Caribbean  |  | Indian |  |
| White and Black African  |  | Pakistani |  |
| White and Asian  |  | Bangladeshi |  |
| Other mixed background\* |  | Other Asian background\* |  |

|  |  |  |
| --- | --- | --- |
| **Other Ethnic Group** |  |  |
| Chinese |   | Other, please state |  |
| Arab |  | Prefer not to say |  |
| Any Other\* |  |  |  |

**Sexual Orientation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual  |  | Lesbian  |  | Gay  |  | Bisexual |  |
| Other, please state  |  | Prefer not to say |  |

**Religion/Belief**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Buddhist |  | Hindu |  | Jewish  |  | Muslim |   |
| Christian |  | Sikh  |  | Jain |  | Baha’i |  |
| No religion |  | Other |  | Prefer not to say |  |  |

**Disability Guidance**

The Equality Act 2010 considers that a person has a disability if:

* they have a physical or mental impairment
* the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

If you consider yourself to be disabled please let us know. We would appreciate advice on help we can give to enable you to attend, or participate in the interview. At the interview you will be asked what reasonable adjustments we might arrange to assist you in the role.

Do you consider yourself to have a disability? YES/NO

If YES, please describe your disability.

If you need any assistance to attend or participate in the recruitment process please give details:

|  |
| --- |
| I consent to the data on this form being retained and processed for statistical purposes to assist the CHSAB in the monitoring of equal opportunities.**Signed: Date:**   |