

CHC Co-opted Member Application Form

Name:	
Tel No(s):	
Address:	
Email:	

1. Which CHC are you applying to join?

2. Please state why you are interested in volunteering with us?

3. Do you have any particular skills or experience that you feel would be relevant to this type of voluntary work? (Please continue on a separate sheet of paper if required)

4. When are you available to volunteer? We ideally are looking for people who have spare time totalling 3-5 days a month.

5. Do you have any current or previous links to the NHS? If yes please specify below. (CHCs are independent from the NHS; declaring any links can help prevent a potential conflict of interest.)

6. How did you hear about the Community Health Council?

7. Is there any other relevant information that you feel we should know at this stage?

Please give the name, address and telephone number of a referee who would be willing to comment on your suitability as a volunteer with us (not a relative or an employee of Welsh Government).

Name:

Address:

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Tel No/ E-mail address:

In what capacity do you know this person?

Some people are **not eligible** to apply to be on a CHC. The following disqualifications apply:

- People who have been convicted of an offence in the past 5 years and served a prison sentence (suspended or not) of 3 months or more.
- Un-discharged bankrupts.
- People who have been dismissed from paid employment with the health service (apart from being made redundant) or have been terminated from a public appointment within the health service.
- Chairs, members, directors or employees of the health service in the same district as the CHC.
- General Medical Practitioners or General Dental Practitioners or their employees who work in the same district as the CHC.
- People who are candidates for, or are serving Members of, the National Assembly for Wales, the UK House of Commons and/or the European Parliament.

DECLARATION

I confirm that:

- The information given on this form is complete and correct to the best of my knowledge. I also certify that I will contact the Community Health Council of any changes in circumstances,
- I am willing to attend (if possible) all training and quarterly full Council meetings,
- I consent to undertaking a Disclosure and Barring Service (DBS) check (formerly CRB check)
- none of the disqualifications listed in the above guidance apply to me

Please sign and date below:

Signed:

Name in BLOCK LETTERS:

Date:

Once completed please return to your local CHC office

Cwm Taf Morgannwg Community Health Council
Ty Antur
Navigation Park
Abercynon
CF45 4SN

Telephone – 01443 405830
Email address - enquiries.ctmchc@waleschc.org.uk

Thank you for application to join the Community Health Council
We will be in touch as soon as possible.