**Confidential Council member application form**

**Please complete your form and return to: appointments@hcpc-uk.org, alternatively please send to Claire Amor, Head of Governance, Health and Care Professions Council, Park House, 184 Kennington Park Road, London SE11 4BU

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| **Personal Details** |
| Forename |  |
| Surname |  |
| Title |  |
| Personal email address |  |
| Home address |  |
| Home phone number |  |
| Mobile number |  |
| Work addressWork phone numberWork email address |  |
| Please indicate whether you would prefer to be contacted using your home or work contact details: |
| National Insurance Number |  |
| Do you need a work permit for the UK? |  |
| Where did you see the role? |  |
| **Disability** |
| Under the Equality Act 2010 a person has a disability if they have a physical or mental impairment and the impairment has a substantial and long term adverse effect on their ability to perform normal day to day activities. In order that appropriate adjustments can be made, please can you tell us if you have any health problem or disability that you consider to be relevant to your application? Yes 🞐 No 🞐 |
| **If yes, please specify:** |  |
| \*Disabled people who meet the criteria in the person specification will be shortlisted for interview. Please contact Claire Amor (020 7840 9710 or at the above address) separately if you need us to make particular arrangements for completing the application form, attending an interview, or any reasonable adjustments that would need to be made to the job or working environment if your application is successful. |

The Health and Care Professions Council is working towards equality of opportunity in employment and to this end, the personal data in your application form above, and the Equal Opportunity & Diversity Monitoring Form, will be detached prior to submitting application forms for shortlisting.

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| **Current Status** |
| **Profession:** *For Registrant Council member positions only* |  |
| **HCPC registration number:** *For Registrant Council member positions only* |  |

*Please refer to the Eligibility section of the information pack for further details.*

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| **Current Position** |
| Position title | Employer | Dates employed  |
|  |  |  |
| Summary of responsibilities / duties |
|  |
| Academic, professional or vocational qualifications |
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| **Employment History (most recent first)** |
| Employer | Position held | Dates  | Main duties and responsibilities and reason for leaving  |
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| **Current and previous public appointments** |
| Organisation | Position held | Dates  |
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| **Supporting Statement** |
| Please use this space to describe how your experience, skills and knowledge and **meet the competencies, and demonstrate the values,** set out in the Candidate Information Pack. (Max 1000 words) |
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| **Additional information** |
| Please give any additional information that may be relevant for this application, such as the dates of forthcoming holidays when you cannot be contacted. |
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| **References** |
| Please give details of two people willing to support your application **who will be available week commencing 04 October 2021.** Referees will not be contacted without your consent. |
| 1. Referee name
 | Referee contact details |
|  | Email |  |
| Referee Position | Phone number |  |
|  | Address |  |
| Organisation / Company name |
|  |
| How do you know this referee? | How long have you know this referee? |
|  |  |
| 1. Referee name
 | Referee contact details |
|  | Email |  |
| Referee Position | Phone number |  |
|  | Address |  |
| Organisation / Company name |
|  |
| How do you know this referee? | How long have you know this referee? |
|  |  |

**Data protection**

The information on this application form will be held securely, both hard copy and on HCPC’s computer database, and will only be shared with the Professional Standards Authority and the Privy Council for the purposes of the Appointments process. Information on successful candidates may be held indefinitely. Information on unsuccessful candidates will be held for up to two years in accordance with the HCPC’s information management policy.

We reserve the right to verify the information you have provided and seek information from other sources.

The information on the equal opportunities monitoring form will only be used for monitoring our equal opportunities policy. Any information required for statistical analysis will be used anonymously.

 **Declaration**

I declare that all the information given on this form is, to the best of my knowledge, complete and correct. I understand that if I am appointed and any of the information I have provided is false, my appointment may be terminated.

**Print name:………………………………………………………………………...**

**Signature:…………………………………………………………………………..**

**Date:…………………………………………………………………………………**