

Application form

CSSIW National Advisory Board

Written, video or audio applications are also welcome

Name

Telephone 

E-mail 

Please return this form to

Participation Cymru

WCVA

Baltic House

Mount Stuart Square

Cardiff CF10 5FH

Or e-mail

participationcymru@wcva.org.uk

Address 

Please tell us the best way to contact you. Please tick (✓) next to how you would like to hear from us):

| | |
|---|--------------------------|
| Telephone  | <input type="checkbox"/> |
| Email  | <input type="checkbox"/> |
| Post  | <input type="checkbox"/> |

Data Protection

I consent to details given on this Application Form being held by Participation Cymru. These non-sensitive details are held and processed by Wales Council for Voluntary Action on computer and used for administration purposes only and in accordance with the Data Protection Act 1998

Participation Cymru will be bound by Wales Council for Voluntary Action's policy for the safeguarding of vulnerable people. A copy is available by request.

Part 1

Please tick (✓) next to which statement(s) apply to you:

- I am currently receiving support from social services / social care.
- I am caring for someone who receives support from social services/social care.
- I am not receiving services from social services/social care myself or caring for someone who does but I am a relative of a service user and have an interest in CSSIW's work
- I am a volunteer working for an organisation that provides social services/early years/ social care.
- I work for a voluntary organisation representing people, families and carers who use social services and social care.

Part 2

If you meet the criteria that are listed on the accompanying sheet you are able to apply to become a member of the National Advisory Board.

Please answer the two questions on the next page to tell us why you should become a member of the National Advisory Board.

Your answers will help us to choose the right people to be part of the panel.

Why do you want to be involved in the CSSIW's National Advisory Board?

What experience and knowledge will you bring to the role of National Advisory Board member?

Please return your completed application form by: **Monday 9th December 2013**

We will contact you after the closing date to let you know if you have been shortlisted for an interview or not.

Interviews will be held week beginning 6th January 2014. Please indicate below which location you would prefer if you are asked to attend an interview.

North Wales South Wales

If you are unable to attend an interview in person please let us know if you would be able to take part through Skype or Telephone

Participation Cymru
National Advisory Board
Equality Monitoring Form

Participation Cymru is committed to Equal Opportunities and is fully aware of legislation surrounding this. Participation Cymru wishes to reassure applicants that this form will not be used at any stage of the recruitment process and will be separated from the application form immediately on its receipt. Any information given on this form will remain confidential and only be used for monitoring purposes to assess the effectiveness of our equal opportunities policy.

Surname (optional)

First Name(s) (optional).....

Please tick the appropriate box:

Gender: Male Female Transgender

Age: 0-18 20 -29 30 -39 40 -49 50 -59 60+

What is your ethnic group? : (Please choose one)

White

British English Welsh Scottish Irish Other White

If other, please specify

Mixed/Multiple Ethnic Group

White and Black Caribbean White and Black African White and Asian

Other Mixed

If other, please specify

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Other Asian

If other, please specify

Black/African/Caribbean

Caribbean African Any Other Black

If other, please specify

Other Ethnic Group

Arab Any Other Ethnic Group

If other, please specify

Prefer not to say

The Equality Act 2010 defines disability as a physical or mental impairment, which has a substantial and a long term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you have a disability? Yes No Prefer not to say

If yes, please describe any adjustments or adaptations you think you would require to assist you to carry out the duties of the post for which you are applying.

.....
.....
.....

Are you a fluent Welsh speaker? Yes No

Do you have a working knowledge of the written and spoken language?

Yes No

Sexual orientation:

How would you define your sexual orientation?

Lesbian Gay Bisexual Heterosexual Prefer not to say

Other If other, please specify

Religion or belief:

Please tick one box only; categories determined by the Office of National Statistics

| | | | | | |
|-----------|--------------------------|-------------|--------------------------|-------------------|--------------------------|
| Christian | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | No religion | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

If other, please specify.....