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| **Board Member application form** |
| Personal Details |
| First/Given Name/s |  |
| Surname |  |
| Date of Birth |  |
| Address |  |
| Phone number |  |
| Email address |  |

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| Application information |
| Please tell us, in a few sentences, why you are interested in becoming a board member at Co-operative Care Colne Valley. |
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| Please tell us, in a few sentences, about your skills and experiences which are relevant to a board member role at Co-operative Care Colne Valley. |
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| As a care provider, regulated by the CQC, we are required to be really thorough when recruiting board members. In line with these requirements, we will need to do following checks.Please confirm that you are happy for us to do these together. |
| Reference checks, both written and with verbal confirmation of their integrity. | Y/N |
| A disqualified Directors check, made via Companies House or the Insolvency Service Register for England and Wales (Scotland and Northern Ireland have their own insolvency registers). | Y/N |
| If applicable, qualifications (originals), to be validated and then copied for file retention. | Y/N |
| If applicable, right to work check, to comply with current immigration requirements. | Y/N |
| Enhanced DBS (Disclosure & Barring Service) check | Y/N |
| CQC declaration form (below) | Y/N |
| Interview | Y/N |

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| First referee details |
| First/Given Name/s |  |
| Surname |  |
| Address |  |
| Phone number |  |
| Email address |  |
| Please tell us, in a few sentences, what is your relationship to your referee and how long have you known each other. |
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| Second referee details |
| First/Given Name/s |  |
| Surname |  |
| Address |  |
| Phone number |  |
| Email address |  |
| Please tell us, in a few sentences, what is your relationship to your referee and how long have you known each other. |
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| We would like to support everyone to become part of our board.If there is anything we need to consider (e.g. physical disability, caring responsibilities, other commitments) to make our cooperation work please tell us here - or speak to us at any point later. |
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| All the information on this form is processed, stored, retained and destroyed in line with our Privacy Policy <https://www.valleycare.coop/privacy-policy/> |
| Please return the filled form via email to secretary@valleycare.coop. |
| By signing this form, I confirm that* I have read, understood and agree to comply with the Code of Conduct;
* all the information I have given to CCCV is true and correct to my best knowledge;
* I am happy with CCCV to process this form in line with our Privacy Policy and take the next steps in the recruitment process.
 |
| Sign |  |
| Print name |  |
| Date |  |

Thank you & we’re looking forward to co-operating together!

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| **CQC Declaration of financial suitability** |
| **Have you ever been registered or licensed for, or been the owner of any service registered or licensed under any of the following Acts of Parliament?**The Registered Homes Act 1984 The Registered Homes (Amendment) Act 1991 The Children Act 1989 (including childminding and day care for children) The Nurses Agencies Act 1957 The Care Standards Act 2000 Health and Social Care Act 2008  |
| Yes/No – if yes please provide details  |
| **Was the registration of the organisation ever cancelled?** |
| Yes/No/n/a – if yes please provide full details |
| **Administration, receivership, and other insolvency processes****Have you ever been declared bankrupt or subject to any other insolvency process or proceedings resolved or otherwise?** |
| Yes/No – if yes please provide full details  |
| **Have you been subject to any safeguarding investigation, criminal investigation or any investigation by a previous employer?** |
| Yes/No – if yes please provide full details  |
| **Are you subject to any professional disciplinary action, current proceedings, investigations or restrictions or bars on activity by a health or care professional regulator or the Disclosure and Barring Service?** |
| Yes/No – if yes please provide full details |
| Full name: |
| Signed:  |
| Date:  |