# IAG Member – Expression of Interest

Please use this form to provide personal details needed to progress your application and demonstrate how you meet the desired attributes, knowledge and skill areas outlines in the Knowledge and Skills areas outlined in the IAG Member Role Description.

Please email the completed document to [bnssg.cpooffice@nhs.net](mailto:bnssg.cpooffice@nhs.net).

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Details | | | |
| Name: |  | | |
| Pronouns: |  | | |
| Email Address: |  | Telephone Number: |  |
| Address: |  | | |

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| --- |
| Expression of Interest |
| Please give a summary of why you are interested in becoming a member of the IAG and how you meet the role description including your involvement in diverse community group, organisation etc., in what capacity you were involved and any specialist knowledge. |
|  |
| Expression of Interest Cont. |
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| --- | --- | --- | --- |
| Reference Details | | | |
| Please provide name and contact details for two individuals we can contact for references if you are appointed to the role. These cannot be family members. | | | |
| Name: |  | Name |  |
| Organisation (if applicable): |  | Organisation (if applicable) |  |
| Email Address: |  | Email Address: |  |
| Telephone Number: |  | Telephone Number: |  |
| Relationship to you: |  | Relationship to you: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

# Equalities Monitoring Form

BNSSG ICB recognise the benefits of having a diverse workforce and therefore welcome expressions of interest from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair and that they are not discriminating against or disadvantaging anyone because of a protected characteristic.

The information collected is only used for monitoring purposes to assist the organisation in analysing the workforce profile.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Birth: |  | | Gender | Choose an item. |
| Please indicate the option which best describes your marital status | Choose an item. | | Sexual Orientation | Choose an item. |
| Ethnic Origin (please use codes from the list within the attached form) |  |  | Religious Belief | Choose an item. |