**Application form**

**Care Inspectorate Wales**

**National Advisory Board**

**Please return this form to:** [CIW.ChiefInspectorOffice@gov.wales](mailto:CIW.ChiefInspectorOffice@gov.wales)

or by post to:

Care Inspectorate Wales  
Welsh Government Office  
Sarn Mynach  
Llandudno Junction  
LL31 9RZ

If you have a query please call

029 2043 1757

|  |
| --- |
| Name: |
| Organisation name (if applicable): |
| Email 🖳: |
| Address 🖂: |

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

|  |  |
| --- | --- |
| Email 🖳 |  |
| Post 🖂 |  |

**Data Protection**

Any personal information provided to Care Inspectorate Wales (CIW) is treated in line with our [Privacy Policy](https://careinspectorate.wales/privacy-policy).

□ I consent to details given on this Application Form being held by CIW. These details will be used for administration purposes only and in accordance with the General Data Protection Regulations (GDPR).

**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 a relative of someone receiving support from social services / social care

□ I work for or am a provider of a childcare service

□ I work for or am a provider of a domiciliary support service

□ I work for or am a provider of a care home service

□ I am a volunteer working in social services / childcare / social care

□ I work for a voluntary organisation representing people, families and carers who use social services / social care

□ Other (please specify)­………………………………………………………………………

**Part 2 -** Please tick (✓) next to which statement(s) apply to you:

□ I am a Welsh speaker

□ I am a Welsh learner

□ I do not speak Welsh

Please let us know your preferred language for communications via telephone, correspondence or email. Please tick (✓) next to which statement(s) apply to you:

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Telephone calls** | **Correspondence** | **Email** |
| Welsh |  |  |  |
| English |  |  |  |
| Bilingual |  |  |  |

**Part 3** - Please answer the two questions below to tell us why you would like to be a member of the CIW National Advisory Board. Your answers will help us choose the right people to be part of the Board.

**Why do you want to be involved in the CIW National Advisory Board? (max. 250 words)**

**What experience and knowledge will you bring to the role of National Advisory Board member? (max. 250 words)**

Please submit your completed application form and equality monitoring form to us by no later than **16:00 on Monday 28 February 2022:**

* Email: [CIW.ChiefInspectorOffice@gov.wales](mailto:CIW.ChiefInspectorOffice@gov.wales)
* Post: Care Inspectorate Wales, Welsh Government Office, Sarn Mynach, Llandudno Junction, LL31 9RZ

We will contact you after the closing date to let you know if you have been shortlisted for an informal discussion. Informal discussions will be held virtually via Microsoft Teams. We will invite you to provide details of any individual needs or reasonable adjustments you may require to support your participation in these discussions.

If you require any reasonable adjustments in order to submit your application, please email [CIW.ChiefInspectorOffice@gov.wales](mailto:CIW.ChiefInspectorOffice@gov.wales).