**Centre for Health and Care Equity Community Organisation**

**Advisory Board Application form**

**Help guide the development and delivery of Newham’s Centre for Health and Care Equity**

Thank you for taking time to consider the role of **Centre for Health and Care Equity Advisory Board Voluntary, Community or Faith organisation member.**

Please complete each question below.

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| --- |
| **What is your name:**  |
| **What organisation are you part of** |
| **What is your role** |
| **What is your organisation’s average annual turnover for the past 3 years**  |
| **Please tell us a bit about your organisation, who you serve / work with in Newham and what you do** *Max 1000 words*  |
| **Why would you like to be an Advisory Board Member?***Max 1000 words*  |
| **What particular perspectives or experiences would you / your organisation bring to being an Advisory Board member?** *Max 1000 words*  |
| **Please describe any existing links you have with the Council***Max 1000 words* |
| **Are there any specific things you would need to support you being a Board member?***Max 500 words* |