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Scotland Committee Member

Application form

Please not that only BASW members can apply to serve as a voting member on the Scotland Committee.

# 1 About you:

|  |  |
| --- | --- |
| Name |  |
| BASW membership number (if known) |  |
| Job Title/Role |  |
| Employer (if employed) or university (if a student) |  |
| SSSC Registration number |  |

# 2 Your contact details

|  |  |
| --- | --- |
| Address |  |
| Postcode |  |
| Email |  |
| Telephone |  |

# 3 Tell us about your area(s) of practice and your interests in social work (please keep to one page)

# 4 Tell us about the skills, experience and perspectives you would bring to the Scotland Committee. We are particularly hoping to attract people from diverse backgrounds, students and people with experience of care and support services to serve on Committee (please keep to one page)

# 5 What do you hope to learn, achieve or get out of your involvement with the Scotland Committee?

# 6 Declarations

1. Have you ever been subject to any fitness to practice processes by the Scottish social Services Council?

**Yes  No**

1. Have you ever been sanctioned, suspended or barred from practising social work?

**Yes  No**

1. Have you been convicted of any criminal offences?

**Yes  No**

1. I give consent for my statement and application and my photograph to be included in the Scotland Committee marketing material should an election be required.

**Yes  No**

1. Please tell us of any conflict of interest, commercial or otherwise, that might impact on your application or ability to serve on the Scotland Committee
2. I declare that I am eligible for election and will abide by the BASW Code of Ethics for Social Work, BASW Memorandum of Articles and BASW’s National Standing Committee Terms of Reference.

Your name:

Date:

Please complete and return this form to [scotland@basw.co.uk](mailto:scotland@basw.co.uk) by 29 August 2022

# 7 **Equalities & Diversity information**

# This page will be removed before being published should an election take place.

|  |
| --- |
| BASW is committed to being an inclusive, anti-discriminatory and anti-racist organisation. We strive to ensure all members and employees receive equal treatment regardless of race, colour, ethnicity, nationality, disability, age, gender, sexual orientation or marital status. To assist us in monitoring the operation of our equal opportunities policy within Council election and roles, please answer the following optional questions. (Tick box where appropriate.) This form will be detached from your application and any personal identifying information and data will only be used in aggregate. Your decision to answer these questions or not has no bearing on the process of the election.  GenderMALE FEMALE NON-BINARY PREFER NOT TO SAY  Age 16-18 19-25  26-35  36-45  46-64  65 and over  Prefer not to say Ethnicity and race: Please read all the categories and then tick the box that best applies to you.  **Asian or Asian British:** INDIAN PAKISTANI  BANGLADESHI OTHER  **Black or Black British:** CARIBBEAN AFRICAN  OTHER  **Chinese or other ethnicity:** CHINESE  OTHER  **Multiple ethnicity:** WHITE AND ASIAN  WHITE AND BLACK CARIBBEAN  WHITE AND BLACK AFRICAN ANY OTHER MULTIPLE BACKGROUND  **White:** BRITISH EUROPEAN AUSTRALASIAN  NORTH AMERICAN  OTHER Prefer not to say:  **PLEASE TICK ANY OF THE FOLLOWING THAT APPLY TO YOU**  ENGLISH IRISH  SCOTTISH  WELSH  NORTHERN IRISH  DisabilityDo you consider yourself to have a disability? YES NO Sexuality: Do you consider yourself to be: Gay/lesbian Bisexual  Heterosexual  Other  Prefer not to say: |