



Form 1 (of 2)

Application Form for Membership Joint Committee on Vaccination and Immunisation PUBLIC HEALTH SPECIALIST

Please read the guidance notes which should help you to complete the two forms required for consideration of your application. Please complete the forms in black ink to help with photocopying.

Please enclose an up to date CV with your completed forms.

Part 1: Your Personal Details (see guidance notes)

Surname			
Forenames			
Title		Honours	
Date of Birth			
Home Address			
	Postcode		

Home contacts	Phone	Mobile
	Fax No	Email

Business address (if applicable)	
	Postcode

Work contacts (if applicable)	Phone	Mobile
	Fax	Email

Which address would you prefer us to use for correspondence? Home Address Business Address

Occupation
Academic, Professional or Vocational qualifications

Part 2: Other Ministerial Appointments Currently Held (see guidance notes)

Do you currently hold any other Ministerial appointments? Yes No

If "yes" please give the following additional information

Body	Period of Appointment		Payments Received	Government Department
	From	To		

Part 3: References (see guidance notes)

(Not required for candidates currently serving on SHAs or Department of Health NDPBs.)

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone No	<input type="text"/>	Telephone No	<input type="text"/>
How do you know this person (eg business, personal, etc)?	<input type="text"/>	How do you know this person (eg business, personal, etc)?	<input type="text"/>

Part 4: Additional Information (see guidance notes)

After reading the job description/s and qualities required for the post/s applied for at (2) above, please say here what you believe you are able to offer for the post/s in question. Please highlight relevant skills and experience you have obtained through your employment, voluntary or community activity or through domestic or family experience, and any relevant education or training.

Continue on a separate sheet if necessary.

Part 5: Declaration of Interests (see guidance notes)

Do you have any business or personal interests that might be relevant to the work of the body/ies for which you have applied and which could lead to a real or perceived conflict of interests were you to be appointed? (Failure to disclose such information could result in an appointment being terminated.)

Yes No

If "yes" please give details:

Part 6: Declaration (see guidance notes)

I confirm that to the best of my knowledge and belief, the information given in this form is complete and correct. I further confirm that I have considered and understood the criteria for disqualification from appointment (which are set out in the guidance notes) and that I do not fall within any of the descriptions of persons specified in those criteria. I understand that if I am appointed and the information I have provided is subsequently found to be untrue then my tenure of office may be terminated.

Signature

Date

This form should be returned with Form 2 to:

*Richard Griffiths
Room 602A
Skipton House
80 London Road
LONDON SE1 6LH*

Please also enclose an up to date CV when returning completed Forms 1 & 2