



## **Safeguarding Champion (Voluntary)**

### **Application Form**

#### **Completing and returning the Application Form**

Please complete the Application Form and return to Ben Wayland, Safeguarding Lead [safeguarding@eastamb.nhs.uk](mailto:safeguarding@eastamb.nhs.uk).

The decision to progress your application to the next stage of the selection process will be based only on the information you provide on this form.

#### **Position applied for**

Safeguarding Champion (Voluntary)
-----------------------------------



## Personal Details

<i>First Name(s)</i>			
<i>Last Name</i>		<i>Preferred title</i>	
<i>Postal address</i>			
<i>Post Code</i>			
<i>Email Address</i>			
<i>What is your preferred contact method? (phone, email, text other)</i>			
<i>What is the best number to contact you on?</i>			
<i>What is the most convenient day and time to contact you?</i>			

## The Role

<i>What attracted you to apply for this role.</i>
<i>Based on the details of the role, please briefly explain how you meet the qualities and attributes of the role</i>



**Name**

**Signed**

**Date**