# BSL Advisory Board: Application for membership as member or independent chairperson

This application form is for a board member or independent chairperson of the British Sign Language (BSL) Advisory Board.

Please complete sections 1 to 4 of this form in writing.

You can complete **Section 5: Personal Statement** in writing, or by videoing your statement in BSL.

Please complete all sections as best you can and return to bslboard@cabinetoffice.gov.uk by 5pm on 2 September 2022.

I wish to apply to be a member of the BSL Advisory Board:

[ ]  Yes

[ ]  No

I wish to apply for the role of Independent Chairperson of the BSL Advisory Board:

[ ]  Yes

[ ]  No

If you would like to be considered for both positions, please complete 2 separate versions of this form, referring to the role descriptions to assist your suitability statements for each position.

##

## Section 1: Personal details

Full name (including title and suffix):

Address including postcode:

Email address:

Telephone or mobile number:

Is mobile number text only?

[ ]  Yes

[ ]  No

If you are currently working, what is your role?

Tell us a little about what your role involves (150 words max):

### References

Please give the names and contact details of 2 referees to support your application - these can be people who know you in a personal or professional capacity:

Referee 1:

Referee 2:

##

## Section 2: Your experience of BSL

Do you use BSL as your first language?

[ ]  Yes

[ ]  No

Do you use or have experience of tactile or hands-on BSL?

[ ]  Yes

[ ]  No

Are you a parent of a Deaf BSL-using child or young person?

[ ]  Yes

[ ]  No

Are you CODA (Child of Deaf Adult)?

[ ]  Yes

[ ]  No

Are you a teacher of Deaf children who communicate using BSL?

[ ]  Yes

[ ]  No

Are you a qualified BSL signer? Please detail any qualifications you have achieved, including level of qualification:

Do you work as a professional BSL interpreter?

[ ]  Yes

[ ]  No

If yes, please give details of your NRCPD registration

Do you work as a professional BSL translator?

[ ]  Yes

[ ]  No

If yes, please give details of your NRCPD registration

Please list any Deaf organisations where you are a member, or if you are a volunteer:

## Section 3: Your committee or board experience

Have you any experience of sitting on committees or boards set up by the government (national or regional or local), or committees or boards run by voluntary organisations?

Please provide details including dates:

If you are applying for the independent chairperson role, please detail your experience of chairing committees or boards including dates:

(Please specify if government or voluntary sector)

##

## Section 4: Conflicts of interest

The BSL Advisory Board is a public body and, as such, will be expected to maintain a register of members’ interests to avoid any danger of board members being influenced or appearing to be influenced by their private/personal interests in the exercise of their public duties.

Conflicts could include:

* membership of organisations whose aims might be perceived to be in conflict with those of the Cabinet Office and the DWP
* any activity which, if revealed after appointment, could cause embarrassment to the government
* significant political activity such as being employed by a political party, holding significant office in a party, standing as a candidate for a party in an election, having publicly spoken on behalf of a political party or having made significant donations or loans to a party. Significant loans and donations are those of a size which are reported to the Electoral Commission, in line with a central party’s reporting threshold.

Please detail here any conflicts of interest you may have including significant political activity for any political party in the past five years. (Please note: withholding information which emerges after appointment will result in the withdrawal of Board membership):

##

## Section 5: Personal statement

### 500 words max or submit a BSL video

Please tell us why you want to join the Board. We are interested in what you will bring to the role. You should use the role description to guide your response. Please note that this section is what we will use to shortlist applications.

You may wish to tell us about other similar roles you have held, the community you represent (geographical and/or of interest), how you will feedback to your community or seek views from them, or anything else you think relevant to support your application to join the Board.

If you would like to send in BSL format, please limit your recording to 5 minutes and send it by one of the following:

* Glide to @BSLBoard
* Whatsapp to 07871 989325
* email to bslboard@cabinetoffice.gov.uk

##

## Your data

If you are not selected to sit on the BSL Advisory Board, are you happy for us to keep your details on a reserve list? If a space does become available, we will be in touch.

[ ]  Yes

[ ]  No

In order to comply with GDPR are you happy for the Cabinet Office to keep your details on file and contact you with information pertaining to BSL and the BSL Advisory Board?

[ ]  Yes

[ ]  No

Please return this form to: bslboard@cabinetoffice.gov.uk