**[Health and Social Care in Northern Ireland logo](http://www.hscni.net/)**

**Please complete this Expression of Interest (EOI) form to provide a summary of relevant experience in order to be considered for the position of Chair of the Honest Broker Governance Board.**

**Please return completed Expression of Interest forms by Friday 2nd December 2022 to** [info.orecni@hscni.net](mailto:info.orecni@hscni.net)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | |
| Title |  | | Forename(s) |  | | | Surname |  |
| Contact Telephone No | | |  | | Mobile Number | | |  |
| E-Mail Address | | |  | | | | | |
| Home Address | | |  | | | | | |
| **Current Employment Details** | | | | | | | | |
| Job Title | |  | | | | | | |
| Employment Status | |  | | | | Band | |  |
| Department | |  | | | | | | |
| Location | |  | | | | Start Date | |  |

**Essential Shortlisting Criteria Requirements**

Please demonstrate how you meet the following essential requirements for the position:

|  |
| --- |
| 1. **Currently employed by Health and Social Care Northern Ireland (HSCNI) providing strategic direction.** |
| 1. **Have a clear understanding of research priorities and information governance within the HSC.** |

**Desirable criteria**

Please tell us how you meet the desirable criteria for the position:

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| --- |
| 1. **Have experience of data knowledge and data management** |
| 1. **Have experience of chairing multi-disciplinary, high level strategic groups** |
| 1. **Have a professional healthcare or clinical background** |
| 1. **Be research active within the HSC** |
| 1. **Have previous experience of attracting funding** |

**Declarations**

The **Disability Discrimination Act 1995** provides that reasonable adjustments must be made for staff who have a disability where this impacts on their ability to carry out day to day activities related to the post.

Do you consider yourself to have a disability relevant to this post?

Yes No

If yes would you require any reasonable adjustments to be considered?

Yes No

If you have answered yes, please give brief details

**I hereby confirm the information provided above is accurate.**

**PERSONAL DECLARATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I hereby confirm that the information I have included in this application form is a true and accurate account. (A candidate found to have knowingly given false information or to have wilfully suppressed any material fact will be disqualified or, if appointed, may be dismissed).  I consent to the information I have provided in this form being used for processing my application for this post including both manual and computerised records.  I consent to this information being retained for a period of up to 3 years or longer. | | | | |
| Signature: |  | Date: |  |  |
|  | | | | |

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