**Expression of Interest Form**

Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN)

Clinical Director

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|  |
| Name: |
| Current role and employing organisation: |
| Contact email: |
| Contact telephone no:  |
| Please provide a statement of no more than 300 words describing your professional background and areas of interest |
| Please provide a statement identifying the reason for applying for this post |

Please return the completed form to **Elaine Day, ISNDN Manager by 5pm on** *Friday 14th April].* Email address: **elaine.day1@nhs.net**Please note that the applicant’s email with their expression of interest should be accompanied by a separate supporting statement from their relevant Clinical Director and Business Manager.