Patient & Public Voice (PPV) Partner: Application Form

**v 0.1**

# Application to become a PPV partner

# Guidance notes

Please read the [Application Information Pack](https://www.england.nhs.uk/publication/recruitment-of-patient-and-public-voice-ppv-partners-for-digital-health-programmes/) before completing this form, to ensure you fully understand the application process, and to determine whether you have the skills, experience and time to become a PPV member.

Please submit only **one** application form for each person applying per role to become a PPV partner.

You can either apply yourself, or on behalf of another person (with their agreement).

Please note the closing date for all applications is **midnight, Monday 10th September 2018.**

Please complete and return this application form, along with the [Equality Opportunity Monitoring Form](https://www.england.nhs.uk/publication/recruitment-of-patient-and-public-voice-ppv-partners-for-digital-health-programmes/) to:

By email – england.digitalhealth@nhs.net

By post – **Coral Pearce, 6th Floor, Zone D, Skipton House, NHS England, 80 London Road, SE1 6LH.**

# Contact/personal details

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name:** |  | **Mr/Ms/Mrs/Miss:** |  |
| **Preferred name:** |  | **Are you aged 18 or over? Y/N** |  |
| **Address:** |  | **Postcode:** |  |
| **Daytime contact no:** |  | **Mobile no:** |  |
| **Email address:** |  | **Are you able to access email? Y/N****If not, please state your preferred method of communication** |  |
| **Are you a:** | [ ]  Carer of a patient currently/previously, using healthcare services [ ]  Representative of a patient organisation (please state which)[ ]  Other (please state what) |
| **Are you able to take part in meetings during the day? Usually this will be between 8am and 6pm.**  |  |
| **Do you have any support needs to apply for this role? Y/N****If yes, please state them here** |  |

# Skills and experience

Please tell us why you would like to apply for the role, and what relevant skills and experience you have (max 600 words).

This could include any organisations or networks you have been involved in, personal experiences and involvement with healthcare organisations. You should refer to information provided in section 8 and 9 of the [Application Information Pack](https://www.england.nhs.uk/publication/recruitment-of-patient-and-public-voice-ppv-partners-for-digital-health-programmes/).

Please state which group you are applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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