

Patient and Public Voice (PPV) Partner

Application Form

Members of the

Clinical Priorities Advisory Group (CPAG)

# Application to become a PPV Partner

## Guidance notes

Please read the **application information pack** 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 Patient and Public Voice (PPV) Partner.

Please submit only one application form for each person applying to become a PPV Partner.

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

Your information you will provide will be used to progress your application only.

Please note the closing date for all applications is **Sunday 15th September at 11.59pm.**

Please complete and return this application formto:

Email to:

[england.voice-crg@nhs.net](mailto:england.voice-crg@nhs.net)

Or post to:

Engagement Team

Specialised Commissioning

Area 3B | Skipton House | 80 London Road | London | SE1 6LH

## About you

|  |
| --- |
| Full name: |
| Title (for example Mr, Mrs, Ms, Miss): |
| Preferred name: |
| Are you aged 18 or over? Yes / No (please delete as applicable) |
| Address: |
| Postcode: |
| Daytime contact telephone number: |
| Mobile telephone number: |
| Email address: |
| Are you able to access email? Yes / No (please delete as applicable)  If no, please also state your preferred method of communication. |
| Please select the option that best applies to you. I am a: Patient or health service user (current or previously)  Carer of a patient currently / previously using health services  Representative of a patient organisation (please state which)  Other (please state) |
| Are you able to take part in meetings during the day? Usually this will be between 8am and 6pm.  Yes / No (please delete as applicable).  **<Insert details of usual meeting days/times if different to the above>** |
| Do you have any additional needs or need particular support from NHS England to enable you to participate? Yes / No (delete as applicable). If yes please explain. |
| How did you find out about this role? In Touch newsletter  NHS England website  Social media  Word of mouth  Other, please explain: |
| Are you able to use telephone, email and the internet to communicate and take part in meetings? We want to make our meetings as inclusive as possible so please let us know if you have any training or support needs.  Yes / No (delete as applicable). Comments: |
| Are you able to commit to the time commitment outlined in the application pack? Yes / No (delete as applicable). Comments: |
| Do you hold any other PPV Partner roles? Please note that NHS England PPV Partners can hold a maximum of three roles that attract an involvement payment at any one time, and a maximum of five roles that do not attract a payment.  Yes / No (delete as applicable). If yes, please provide details: |

## Skills and experience

Please provide a supporting statement of **no more than two (sides) pages** outlining how you meet the requirements of the role and responsibilities and the person specification (**section 5**) of the **application information pack** before completing this section.

## References

Please provide us with two references who are able to confirm your ability to undertake this role. Please include the name, job title, address, telephone number and email address of both of your referees.

|  |  |
| --- | --- |
| Reference 1 |  |
| Reference 2 |  |

**Thank you for your application.**