Patient Representative to the NHR Steering Group

**v 0.2**

Application Form

NHS England and NHS Improvement

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Application to become a Patient Representative to the NHR Steering Group

**v 0.2**

## 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 as a Patient Representative on the NHR (National Haemoglobinopathy Registry) Steering Committee.

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 **Friday 25 September 2020 at 12pm (midday).**

Please complete and email this application formto:

[England.npoc-bloodandinfection@nhs.net](mailto:England.npoc-bloodandinfection@nhs.net) **clearly stating the subject box that you are applying for the NHR PPV.**

## 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). |
| 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 video conferencing (such as MS Teams/Zoom) 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. (*This role does not attract a payment)*  Yes / No (delete as applicable). If yes, please provide details: |
| **Please declare any conflicts of interest.  A conflict of interest is any set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act is, or could be, impaired or influenced by another interest they hold.** |

## Skills and experience

You should refer to information provided in **section 8** of the **application information pack** before completing this section. Each response should address your experience/interest to the NHR Steering group.

|  |
| --- |
| **Please tell us why you are interested in this role and what you experience you believe you can bring to the group?** **(we suggest up to 300 words).** |
| **Please tell us about any other experience or skills you have which would support your role on the group.** |

## 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 |  |

Please state clearly which role you are applying for on the email **subject tab** when returning your completed application form.

**Thank you for your application.**

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