**Patient and Public Voice Application Form**

Please read the 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) for the Mental Health Independent Advisory and Oversight Group.

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

Please note the closing date for all applications is **Wednesday 30 June 2021.**

If you have any questions about the role, please contact [azhar.patel@nhs.net](mailto:azhar.patel@nhs.net) or 07710 152455.

The information provided in this form will be kept in adherence to the General Data Protection Regulation 2016 / Data Protection Act 2018.

|  |  |
| --- | --- |
| **Personal details** | |
| 1. **Full name** |  |
| 1. **Preferred name** |  |
| 1. **Title e.g. Mr, Mrs, Ms, Miss etc.** |  |
| 1. **Are you aged 18 or over?** |  |
| 1. **Email address** |  |
| 1. **Home address, including post code** |  |
| 1. **Contact number** |  |
| **About the role** | |
| **Please select the options that best applies to you.**  **I am or have been a:** | |
| Patient/person with lived experience of mental health and/or a mental health service user.  Carer (in a personal capacity) of someone with lived experience of mental health needs  A member of public with an interest in mental health  Other (please state) | |
| **How did you hear about this role?** | |
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| **Are you able to take part in meetings during standard working hours and commit to the time required to carry out the role as outlined in the information pack?** | |
|  | |
| **Do you have any additional needs that you would need adjustments for to enable you to participate in this work (e.g. impaired mobility, hearing, visual problems)?** If so, please give details. | |
|  | |
| **Do you hold any other PPV Partner roles? If so, please give details**  *Please note that NHS England and NHS Improvement 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.* | |
|  | |
| **How you meet the person specification (as outlined in the application information pack)** | |
| **Why would you like to apply for this role?** *Please explain below in no more than 250 words.* | |
|  | |
| **What knowledge, skills and experience, do you think you could bring to the Mental Health Independent Advisory and Oversight Group?** *Please refer to the person specification in the application information pack and provide your answer below in no more than approx. 500 words.* | |
|  | |
| **Please tell us your experience with public speaking and/or working with healthcare organisations to improve services** *Please explain below in no more than 500 words* | |
|  | |
| **Are there any other experience or skills you have which you would like to share that might support your application for this role?** *For example, other roles or experiences that have given you skills that are relevant to this role. Please explain in no more than 500 words* | |
|  | |
| **References** | |
| **Please provide us with two referees who can confirm your ability to undertake this role. Your referee should be someone who can comment on your suitability and experience/skills related to this role. Please include the name, job title, address, telephone number and email address of both of your referees.** | |
| **Full name:**  **Job title:**  **Relationship to you:**  **Address:**  **Phone number:**  **Email address:** | |
| **Full name:**  **Job title:**  **Relationship to you:**  **Address:**  **Phone number:**  **Email address:** | |

**Equal Opportunities Monitoring Form**

NHS England and NHS Improvement values and promotes diversity and is committed to equality of opportunity for all. To help us understand if we are achieving this, we ask you to fill out an Equal Opportunity Monitoring Form as part of the application process.

Please select ‘prefer not to say’ option if you would prefer not to share this information as we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to understand if we are involving different groups of people, and to make improvements if some groups are not represented.

**Data protection**

We may use anonymised statistics and data you have provided to inform discussions about how to improve the diversity of our Patient and Public Voices and inclusivity of participation opportunities, but no information will be published or used in any way which allows any individual to be identified.

The information provided in this form will be kept in adherence with the Data Protection Act 2018. The information that we are asking you to provide is informed by our duties under the Equality Act 2010.

If you have a question or concern about how we process your data, please contact [azhar.patel@nhs.net](mailto:azhar.patel@nhs.net)

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| --- | --- |
| **Please state your date of birth** Please input date in the format of DD/MM/YYYY (or leave blank if you would ‘prefer not to say’) |  |
| **According to the definition of disability do you consider yourself to have a disability?** Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-2010](http://www.gov.uk/definition-of-disability-under-equality-act-2010) | Yes  No  Prefer not to say  If you answered yes to the above question, please tell us more about your disability, unless you prefer not to say: |
| **Please indicate your ethnic origin** | White British  White Irish  White - any other white background  Asian or Asian British – Indian  Asian or Asian British – Pakistani  Asian or Asian British – Bangladeshi  Asian or Asian British - Chinese  Asian or Asian British - any other Asian background  Mixed – white and black Caribbean  Mixed – white and black African  Mixed – white and Asian  Mixed – any other mixed background  Black or Black British – Caribbean  Black or Black British – African  Black or Black British – any other black background  Arab  Prefer not to say  Other, please state: |
| **Please indicate your gender** | Male  Female  Non-binary  Prefer not to say  Other, please state: |
| **Have you gone through any part of the process to change from the sex you were described as at birth to the gender you identify with, or are you intending to?** | Yes  No  Prefer not to say  Other, please state: |
| **Please indicate the option which best describes your marital status** | Married  Single  Civil partnership  Legally separated  Divorced  Widowed  Prefer not to say  Other, please state: |
| **What is your religion?** | No religion  Atheism  Christianity  Buddhism  Hinduism  Islam  Jainism  Judaism  Sikhism  Prefer not to say  Other, please state: |
| **Which of the following best describes your sexual orientation?** | Heterosexual  Homosexual  Bisexual  Prefer not to say  Other, please state: |
| **Do you look after, or provide any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?** | No  Yes, 1-19 hours a week  Yes, 20-49 hours a week  Yes, 50 or more hours a week  Prefer not to say  Other, please state: |