**Patient and Public Voice (PPV) Partner**

Application Form:

Test Evaluation Working Group

**Application to become a PPV Partner of the Genomics Programme**

## Guidance notes

Please read this **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.

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

The information you will provide will be stored securely and used to progress your application. Read [NHS England and NHS Improvement’s privacy notice](https://www.england.nhs.uk/contact-us/privacy-notice/how-we-use-your-information/public-and-partners/if-you-get-involved-in-our-work-as-a-patient-and-public-voice-ppv-partner/) to understand how we store and use information you provide.

Please note the closing date for all applications within this round of PPV recruitment is 16 January 2022.

Please complete and return this application, alongside a completed equal opportunity formto [england.voice-crg@nhs.net](mailto:england.voice-crg@nhs.net), clearly stating in the subject line of the email which Test Directory Working Group you are applying for.

|  |  |
| --- | --- |
| **Group you are applying for:** |  |

## About you

|  |
| --- |
| Full name: |
| Title (optional - for example Mr, Mrs, Ms): |
| Preferred name: |
| Are you aged 18 or over? Yes / No (please delete as applicable) |
| Postal address: |
| Postcode: |
| Contact 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(s) that best apply 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 9am and 6pm.  Yes / No (please delete as applicable). |
| Do you have any additional needs or need particular support from NHS England and NHS Improvement to enable you to participate effectively? Yes / No (delete as applicable). If yes, please explain. |
| How did you find out about this role? In Touch newsletter  NHS England and NHS Improvement website  Social media  Word of mouth  Other NHS England and NHS Improvement newsletter  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 that would enable your involvement.  Yes / No (delete as applicable). Comments: |
| Are you able to commit to the time requirement outlined in the application pack? Yes / No (delete as applicable). Comments: |
| Do you hold any other PPV Partner roles? 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.  Yes / No (delete as applicable). If yes, please provide details of current NHS PPV Partner roles: |
| **Please declare any conflicts of interest you perceive relating to the remit of the group you are applying to join. 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.** |
| **In the past 12 months have you been employed by a pharmaceutical medical devises or medical technology company that manufacture products used in Specialised Services?**  Yes / No (delete as applicable) |

## Skills and experience

You should refer to information provided the **application information pack** before completing this section. Each response should address your experience/interest relating to the Test Evaluation Working group you are applying to.

|  |
| --- |
| **Please tell us about your interest in, and experience of, the subject matter of the Test Evaluation Working Group from a patient/public perspective (we suggest you do this in about 200 words)** |
| **Please tell us your experience of giving a public involvement / patient / carer / voluntary sector perspective (we suggest you do this in about 200 words).** |
| **Please tell us how you will bring a diversity of PPV views to the Test Evaluation Working Group, beyond your own experiences. (we suggest you do this in about 100 words).** |
| **Please tell us about any other experience or skills you have which would support your application. You should refer to the 'roles, responsibilities and required skills of Patient and Public Voice Partners' section of the information pack (we suggest you do this in up to 300 words).** |

## References

Please provide us with two references who are able to confirm your suitability to undertake this role. Please include the **name, job title (if relevant), address, telephone number and email address of both of your referees as well as outlining in what context you know them**.

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

Please state clearly which role you are applying for in **subject line** of your email when returning your completed application form. Please also complete and submit an equal opportunities monitoring form alongside your application. This does not form part of your application but helps us ensure our recruitment is reaching a wide range of people.

**Thank you for your application.**