**Application to become a PPV Partner of the NHS England and Improvement Children and Young People’s Mental Health Team**

Guidance notes

Please read the **application information pack** before completing this form, to ensure you fully understand the role and to whether you have the skills, experience and time to become a Lived Experience Partner (also known as Patient and Public Voice (PPV) Partner) working with the Children and Young people’s Mental Health Team.

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).

Please note the closing date for all applications is **17th July.** **We aim to interview on 9th, 10th and 11th August but will confirm with candidates.**

Please complete and return this application form, along with the **Equal Opportunities Monitoring Form** to:

**Jessica and Ellie by email:** [**england.cyp-mentalhealth@nhs.net**](mailto:england.cyp-mentalhealth@nhs.net)

**About you**

|  |
| --- |
| **Full name:** |
| **Title (for example Mr, Mrs, Ms, Miss, Mx):** |
| **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:** |
| **Please select the option that best applies to you. I am a:**  ☐ young person who has needed help with my mental health (current or previously)  ☐ the parent or carer of a child or young person who has needed help with their mental health (current or previously) |
| **Are you able to commit to the time commitment outlined in the application pack which is roughly 4 hours a week for 6-12 months?**  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: |

Skills and experience

You should refer to information provided in the **application information pack** before completing this section.

|  |
| --- |
| **Please tell us why you are applying for this role** (we suggest you do this in about 200 words) |
| **Please tell us about the skills and experience that you would bring to this role** (we suggest you do this in about 200 words) |
| **If you could make one wish for CYPMH, what would your one wish be?** (we suggest you do this in about 50 words) |

References

Please provide us with two references. Your referee should be someone who can comment on the skills and experience that you have outlined above.

Please include the name, job title, address, telephone number and email address of both of your referees.

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

Monitoring and Evaluation

**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:

**Thank you for your application.**

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