**Application Form to become a Patient, Carer and Public Voice member of the NHS Assembly**

**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, Carer and Public Voice member (also referred to as a Patient and Public Voice (PPV) Partner) of the NHS Assembly).

You can either apply yourself, or on behalf of another person (with their agreement). Please contact [england.nhsassembly@nhs.net](mailto:england.nhsassembly@nhs.net) if you require any assistance or support such as help with capturing your responses in the below application form, or in understanding any of the accompanying documentation.

Please note the closing date for all applications is the **end of the day 23.59 on Friday 10th February 2023.**

As the NHS Assembly has a limited number of spaces, applicants will be shortlisted on the ability to represent the patient, carer and public voice at a senior level. We do expect a significant number of applications so if you are not shortlisted for this role, we still very much encourage you to consider other [opportunities](https://www.england.nhs.uk/get-involved/get-involved/opportunities/) via [NHS England » Current opportunities to get involved](https://www.england.nhs.uk/get-involved/get-involved/opportunities/).

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

[england.nhsassembly@nhs.net](mailto:england.nhsassembly@nhs.net)

or alternatively by post to

External Affairs - NHS Assembly

6th Floor

Wellington House

133-155 Waterloo Road

London

SE1 8UG

(tel. for enquiries 07568408781)

**About you**

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| --- |
| **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:**  Patient or health service user (current or previously)  Carer of a patient currently / previously using health services  Other (please state) |
| **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.  **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: |
| **How did you find out about this role?**  In Touch newsletter  NHS England website  Social media  Word of mouth  Other NHS England newsletter  Other, please explain: |
| **Are you able to commit to the time commitments outlined in the application pack (in particular full day in person NHS Assembly meetings, held during the working week, up to five times each year. Meetings will usually take place in central London)?**  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**

You should refer to the information around essential and desirable criteria provided in the **application information pack** before completing this section. For guidance please try to keep your answers to no more than 500 words, although longer answers will also be accepted.

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| **Please tell us why you would like to apply for this role, and what particular perspective you can bring to the NHS Assembly.** |
| **Please tell us about a time where you have worked in partnership with others to create change and improve services for patients or carers.** |
| **Please tell us about a specific project or programme that you have been part of to raise patient carer or public voice concerns, or relevant advocacy work.** |
| **Referring to the *What is the role of PPV Partners on the group* section of the information pack, can you tell us a time where you had provided critical yet constructive feedback on a project or policy? What was the outcome?** |

**References**

Please provide us with two references. Your referees should be people who **can comment on your suitability and experience/skills related to the 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.**

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