Patient and Public Voice (PPV) Partner application form for the NHS England Dental System Reform Patient and Public Group

v 0.1

**Application to become a PPV Partner for Dental System Reform Patient and Public Group**

**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.

Please submit only one application form for each person applying to become a PPV Partner.

Please note the closing date for all applications is **31/01/23**.

Please complete and return this application form, along with the Equal Opportunities Monitoring Form to **england.dentaloptoms@nhs.net**

**Role**

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| **Which role are you applying for?**  |

**About you**

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| **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:**  |
| **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 tell us what support:**Are you able to use telephone, email and the internet to communicate and take part in meetings?** Yes / No (delete as applicable).We want to make our meetings as inclusive as possible so please let us know if you have any training or support needs. |
| **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 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 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.

Your response should be typed, wherever possible.

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| **Please tell us why you would like to apply for this role** (we suggest you do this in about 200-250 words). |
| **Please tell us about any organisations or networks relevant to health and care services that you have an interest in or are a part of** (we suggest you do this in about 150-200 words). |
| **Please tell us your experience of receiving NHS dental care/trying to use NHS dental services** (we suggest you do this in about 200-250 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 about 350-500 words). |

**References**

Please provide us with two references. Your referee should be someone who can comment on your suitability and experience/skills related to the PPV role OR be someone who knows you and can comment on your interest in this area of work

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

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| **Reference 1** |
| Name |  |
| Job Title |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
| Relationship  |  |
| How long know |  |
| **Reference 2** |
| Name |  |
| Job Title |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
| Relationship  |  |
| How long know |  |

**Thank you for your application**

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