

**Lived Experience Partner (Youth Advisor) on the Under 16 Cancer Patient Experience Survey Advisory Group – Application Form**

**Guidance on completing this form**

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

We will use the personal data you provide to communicate with you and support you in the role. All information given will be kept anonymous and in accordance with the Data Protection Act 2018 and General Data Protection Regulation (GDPR).

Please complete and return the form to Caroline Hayes, Programme Support Officer, Insight & Feedback team, NHS England, email: [caroline.hayes1@nhs.net](mailto:caroline.hayes1@nhs.net) by **14 July 2023.**

**About you**

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| **Full name:** |
| **Title (for example Mr, Mrs, Ms, Miss):** |
| **Preferred name:** |
| **Address:** |
| **Postcode:** |
| **Telephone number:** |
| **Email:** |
| **Do you have any additional needs or need particular support from NHS England to enable you to participate?**  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. Comments: |
| **How did you find out about this role?**  In Touch newsletter  NHS England website  Cancer charity  Social media  Word of mouth  Other NHS England newsletter  Other, please explain: |
| **Are you able to commit to the time commitment outlined in the role description?** The time commitment is **at least four** virtual meetings plus emails and telephone calls as needed.  Yes (delete as applicable). Comments: |

**Reasons for applying for the role of Youth Advisor on the Under 16 Cancer Patient Experience Survey Advisory Group**

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| **1. Tell us a bit about yourself and the skills, experience and qualities you would bring to the U16 Cancer Patient Experience Survey Advisory Group.**  **2. What is it that particularly attracts you to the role of Youth Advisor on the Advisory Group?**  **3. How would you approach the role of representing the voice of children and young people on this group?** |

**Reference**

Please provide us with one reference. Your referee should be someone who knows you and can comment on your suitability for this role.

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| **Referee full name:** |
| **Referee relationship:** |
| **Referee telephone number:** |
| **Referee email:** |

**Thank you for your application.**

Please return your completed application form by **14 July 2023**, along with the **Equal Opportunities Monitoring Form** to: **Caroline Hayes, Programme Support Officer, Insight & Feedback team, NHS England, email:** [**caroline.hayes1@nhs.net**](mailto:caroline.hayes1@nhs.net)