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

Application Form

## Guidance notes

Please read the **PPV application 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.

If you are applying for more than one PPV role, **you must complete and submit a separate application form for each**. 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 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.

**Application to become a PPV Partner**

Please complete and return this application to [england.voice-crg@nhs.net](mailto:england.voice-crg@nhs.net) and submit an online [Equal Opportunities monitoring form](https://forms.office.com/e/0hKZQZcb5k). The information you provide to support our equal opportunities is anonymous and will not be stored with any identifying information about you.

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| **PPV Partner role you are applying for:** |  |

## About you

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| --- |
| 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 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 website  Social media  Word of mouth  Other NHS England 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 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 in the **application pack** before completing this section. Each response should address your experience/interest relating to the role you are applying to.

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| **Please tell us about your interest in, and experience of, the subject matter of this specialised commissioning 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 about any organisations or networks relevant to health and care services that you have an interest in or are a part of and how they would be useful in this role** (we suggest you do this in about 100 words). |
| **Please tell us how you will bring a diversity of patient and public views to this role, 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.

|  |  |
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| Reference 1 Name  Job title (if relevant)  Address  Telephone number  Email  What context you know them |  |
| Reference 2 Name  Job title (if relevant),  Address  Telephone number  Email  What context you know them. |  |

Please return your completed application formto [england.voice-crg@nhs.net](mailto:england.voice-crg@nhs.net) in the subject line please state which role you are applying for.

The equal opportunities information 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**