

**Early Diagnosis Pancreatic Programme**

**Patient and public voice representative**

**Application form**

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# Application to become the Early Diagnosis Pancreatic Programme patient and public voice representative

## Guidance notes

Please read the [role profile](https://www.england.nhs.uk/long-read/early-diagnosis-pancreatic-programme-patient-and-public-voice-representative/) 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 the patient and public voice representative to the Early Diagnosis Pancreatic Programme.

Please complete and return this application form, along with the [demographic monitoring form](https://www.england.nhs.uk/wp-content/uploads/2025/09/nhs-cancer-programme-demographic-monitoring-form.docx)to: england.pancreaticcancer@nhs.net

## About you

|  |
| --- |
| Full name:  |
| Title (for example Mr, Mrs, Ms, Miss):  |
| Preferred name:  |
| Are you aged 18 or over?  |
| Address: |
| Postcode:  |
| Daytime contact telephone number:  |
| Mobile telephone number:  |
| Email address:  |
| Are you able to access email? If no, please also state your preferred method of communication.  |
| Have you currently, or previously, been diagnosed with cancer?☐ Yes, I am currently living with cancer ☐ Previously, **within the last 5 years** - Please state what type: ☐ Previously, **over 5 years ago** - Please state what type:☐ No**Do you have experience of supporting someone with cancer? If yes, can you please explain further**  |
| Are you a part of your local Cancer Alliance’s Patient/Public rep group or equivalent? If Yes, which Cancer Alliance?  |
| Do you hold any other PPV Partner roles within NHS England? 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 |
| Are you involved with any charitable organisations? Yes/No (delete as applicable). If yes, please provide details |

## Skills and experience

You should refer to information provided in sections: **What experience and skills do you need** within the Role Profile before completing this section.

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| Please tell us why you would like to apply for this role (We suggest you do this in about 500 words). |
| Please tell us your experience of giving a public involvement / patient / carer/ voluntary sector perspective / thoughts / view as part of a project (we suggest you do this in about 500 words). |
| Please tell us about any other experience or skills, including any professional experience you may have that would support your application (we suggest you do this in up to 500 words). |
| Please tell us if there are any specific areas of cancer that you are particularly interested in (we suggest you do this in up to 300 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 links with communities (We suggest you do this in about 300 words). |

## Your requirements

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| 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: |
| Are you able to commit to the time commitment outlined in the application pack?Yes/No (delete as applicable). Comments: |
| Are you able to take part in activities during the day, such as attending Board meetings? Yes/No (delete as applicable) |

## Reference

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| --- |
| **Please provide a referee:** This should be someone who knows you and can comment on your interest, skills and abilities in this area of work:Name: Job title (if known):Email address:  |

**Thank you for your application.**

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