

**Application Form - Member**

**RM Partners Patient Advisory Group**

**Please return to** rmpartners.info@nhs.net **by midday on 8 May 2017.**

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| **Name** |  |
| **Address** |  |
| **Email Address** |  |
| **Telephone Number** |  |
| **What appeals to you about participating in the RM Partners Patient Advisory Group. (max 200 words)** |  |
| **Are you a resident of, or a servicer user in** [**West**](http://rmpartners.cancervanguard.nhs.uk/about-us/about-rm-partners/partners/) **London?** **Have you had an experience of cancer services, either as a patient, carer, volunteer or staff member?**  |  |
| **Why do you think it is important for people who use health services and NHS staff to work together to improve things?**  |  |
| **How do you think you could contribute to the advisory group?** **Please describe your skills and experience or contribution to change. (max 800 words)** |  |
| **Do you have any additional support needs that you would like help with to enable you to participate in this work? Please give details.** |  |