# Patient Advisory Group – Member Application Form

## 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 experience and time to sit on RM Partners Patient Advisory Group.

If you are submitting a handwritten application, you may complete your answers on additional sheets of paper. Please make sure you clearly indicate which question you are answering.

Please note the closing date for all applications is **Friday 31 May 2019**.

Please complete and return this application form, along with the **Equal Opportunities Monitoring Form** to: [Fiona.carr3@nhs.net](mailto:Fiona.carr3@nhs.net)

## About you

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| Full name: |
| Title (for example Mr, Mrs, Ms, Miss): |
| Preferred name: |
| Please confirm you are aged 18 or over? Yes/No (please delete as applicable) |
| Address: |
| Postcode: |
| Daytime contact telephone number: |
| Mobile 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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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  If No, in what way have you been affected by cancer? (e.g. as a relative or carer – please state) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you able to take part in Patient Advisory Group meetings during the day? Usually this will be between 10am – 2pm  Yes/No (please delete as applicable). |
| Do you have any additional needs or need particular support from RM Partners to enable you to participate?If you have any accessibility needs, we will explore how best to make reasonable adjustments. 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 engagement as inclusive as possible so please let us know if you need any support?  Yes/No (delete as applicable). Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you able to meet the time commitment outlined in the application information pack? Yes/No (delete as applicable). Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you hold any other voluntary roles either within NHS/other charities or organisations or within your community? Yes/No (delete as applicable). If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Your suitability and experience

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| Please tell us why you are interested in applying for this role (we suggest you do this in up to 100 words). |
| Please tell us about any other experience or skills you have which would support your application. We suggest you do this in up to 200 words |

**Thank you for your application.**

Please return your completed application form, along with the **Equal Opportunities Monitoring Form,** to: [Fiona.carr3@nhs.net](mailto:Fiona.carr3@nhs.net)