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**Application Form - Chair**

**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 chairing the patient advisory group. (max 200 words)** |  |
| **Are you a resident of, or a servicer user in** [**West London**](file:///C%3A%5CUsers%5CSam%5CDocuments%5C%28to%20NW%20and%20SW%20London%2C%20see%20here%20for%20list%20of%20organisations%20involved%3A%20%20http%3A%5Crmpartners.cancervanguard.nhs.uk%5Cabout-us%5Cabout-rm-partners%5Cpartners%5C%29)**?** **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?**  |  |
| **Please describe your skills and experience, including leadership and 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.** |  |