**Role applied for:** Reviewing plain English summaries of research findings for CLAHRC West

All questions which you are required to complete are marked with an asterisk (\*).

**1. Personal details**

|  |  |
| --- | --- |
| Title (e.g. Mr / Mrs / Ms / Dr) |  |
| \*Surname/Family Name |  |
| \*First Name |  |
| \*Address |  |
| \*Postcode |  |
| Home Telephone |  |
| Work Telephone |  |
| Mobile Telephone |  |
| Preferred daytime telephone number | 🞎 Home 🞎 Mobile 🞎 Work |
| \*Email Address |  |

**2. Background/perspective**

|  |
| --- |
| \*Which of the following best describes the primary perspective you would bring to this role? (Please put an X in **one box only**). **Please note: this role does not require any particular personal experience to inform your perspective.** |
| * Service user / patient * User researcher (including survivor researchers) * Carer (including family member, parent, supporter) * Other, please give details:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. Links**

|  |  |  |  |
| --- | --- | --- | --- |
| If you are currently working or active in a voluntary capacity, please give brief details. | | | |
| Role title/position | Name of organisation | Dates | Brief description of your role and responsibilities |
|  |  |  |  |

|  |  |
| --- | --- |
| \*Please give details of any previous experience of public involvement and of links you have to involvement related groups, committees, networks or other organisations. **Please note: for this role no such experience is necessary.** | |
| Name of the group/committee | Your involvement experience and/or role in the group/committee |
|  |  |

**4. Skills and experience**

|  |
| --- |
| Please tell us why you are interested in this role and how your life and work experience will help you. (no more than 200 words) |
|  |

**5. Your support requirements**

|  |
| --- |
| If you have any support requirements to ensure you can take full part in this role, please tell us about them here. |
|  |

**6. Your declaration**

I agree to this information only being used for legitimate purposes connected with my involvement as a public contributor with People in Health West of England. I declare that the information that I have given is, to the best of my knowledge, true and complete.

|  |  |  |  |
| --- | --- | --- | --- |
| I agree to the above declaration | | | |
| Signature |  | | |
| Name |  | Date |  |

|  |
| --- |
| How did you hear about this opportunity e.g. People in Health West of England website or Newsflash, from a colleague, other sources? (Please give details) |
|  |

**Please return this form (including equality monitoring form below) by 21st October 2016 to:**

Rosie Davies, Research Fellow (Patient and Public Involvement), NIHR CLAHRC West by email or post. Email: [Rosemary3.Davies@uwe.ac.uk](mailto:Rosemary3.Davies@uwe.ac.uk).

Postal address: NIHR CLAHRC West**,** University Hospitals Bristol NHS Foundation Trust, 9th Floor, Whitefriars, Lewins Mead, Bristol BS1 2NT

**If you need any more information or if you have any questions about your application please get in touch with Rosie Davies.**

**Equality Monitoring Form**

To help us monitor the diversity of the people we are reaching, please help us by filling in the following questions. The information you provide is confidential and will be used for monitoring purposes only.

|  |  |  |
| --- | --- | --- |
| Please indicate your age | 🞎 15 and under  🞎 16-24  🞎 25-44 | 🞎 45-64  🞎 65-74  🞎 75 and over |
| Please indicate your gender | 🞎 Male  🞎 Female | 🞎 I do not wish to disclose this |
| What is your preferred language? |  | |

|  |  |  |
| --- | --- | --- |
| \* Please indicate your ethnic origin | | |
| **Asian or Asian British**  🞎 Bangladeshi  🞎 Indian  🞎 Pakistani  🞎 Any other Asian background  **Black or Black British**  🞎 African  🞎 Caribbean  🞎 Any other Black background | **Mixed**  🞎 White & Asian  🞎 White & Black African  🞎 White & Black Caribbean  🞎 Any other mixed background  **White**  🞎 British  🞎 Irish  🞎 Any other White background | **Other Ethnic Group**  🞎 Chinese  🞎 Any other ethnic group  🞎 I do not wish to disclose this |

|  |  |  |
| --- | --- | --- |
| Please indicate your religion or belief | | |
| 🞎 Atheism  🞎 Buddhism  🞎 Christianity  🞎 Hinduism | 🞎 Islam  🞎 Jainism  🞎 Judaism  🞎 Sikhism | 🞎 Other  🞎 I do not wish to disclose this |

|  |  |
| --- | --- |
| Do you consider yourself to have a disability? | 🞎 Yes 🞎 No  🞎 I do not wish to disclose this information |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘other’. | |
| 🞎 Physical impairment 🞎 Learning Disability/Difficulty  🞎 Sensory impairment 🞎 Long-standing illness  🞎 Mental health condition 🞎 Other | |

|  |  |
| --- | --- |
| Please indicate the option which best describes your sexual orientation | |
| 🞎 Lesbian  🞎 Gay  🞎 Bisexual | 🞎 Heterosexual  🞎 Other  🞎 I do not wish to disclose this |