PUBLIC CONTRIBUTOR

APPLICATION FORM

People in Health West of England

Better involvement · Better research · Better health

Role applied for: ………………………………………………………………………

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** and use the space on the next page to tell us about other key perspectives)

- ☐ Service user / patient
- ☐ User researcher (including survivor researchers)
- ☐ Carer (including family member, parent, supporter)
- ☐ Other, please give details:

Any other comments on the perspective you would bring:

3. Skills and experience

* Please give details here of any previous employment experience or voluntary role you have undertaken that you would like to tell us about			
Role title/position	Name of organisation	Dates	Brief description of your role and responsibilities

4. Links to patient and public involvement (PPI) organisations

*Please give details of your links to any PPI related groups, committees, networks or other organisations (Please add more rows or continue on a separate sheet as necessary)	
Name of the group/committee	Your role in the group/committee

5. Why you are interested in this role

* Please tell us what your interest in the role is and how your experience will contribute to the work of the organisation, with particular reference to the role profile. Include here (no more than 200 words)

5. Rehabilitation of Offenders Act 1974

* Have you ever been convicted of a criminal offence?
☐ Yes ☐ No *(Declaration subject to the Rehabilitation of Offenders Act 1974)*

6. Availability

Please give us here some indication of your availability.

7. 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.

8. References

Please give us the names and contact details of two people who can support your application to be a public contributor.

Referee 1

Title			
*Surname/Family name		* First Name	

*Relationship to you	
*Address	
*Postcode	
Telephone	
Email	

Referee 2

Title			
*Surname/Family name		* First Name	
*Relationship to you			
*Address			
*Postcode			
Telephone			
Email			

9. Your declaration

I agree to this information only being used for legitimate purposes connected with your involvement as a public contributor.

I declare that the information that I have given is, to the best of my knowledge or belief, true and complete.

I understand and agree to abide by the confidentiality policy of our partner organisations.

I agree to declare any conflicts of interests[1].

I agree to the above declaration			
Signature			
Name		Date	

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

[1] Directorships held in private companies, ownership in private companies etc.

Please return this form (including equality monitoring form below) to:

Hildegard Dumper, PPI Manager, West of England AHSN Hildegard.dumper@weahsn.net

If you need any more information or if you have any questions about your application please get in touch with Hildegard or your project contact.

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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 ☐ Sensory impairment ☐ Mental health condition	☐ Learning Disability/Difficulty ☐ Long-standing illness ☐ Other

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

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