**HS&DR Public Board and Panel Member**

**Application Form**

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|  | **Your contact details** |
| Title: |  |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Country: |  |
| Telephone No: |  |
| Email Address: |  |

Please note, public members of NETS and CCF programmes panels and boards **may not** serve on more than one board or panel at a time (For list of programmes please follow this link (<https://www.nihr.ac.uk/funding-and-support/funding-for-research-studies/funding-programmes/>) If you are already a public member of any NETS or CCF programme panel or board, please state which below and indicate when your tenure in that role will come to an end.

**Please list your voluntary roles to date:**

(insert new rows as required)

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| **Dates** | **Role** | **Organisation** |
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**Please list your employment history in the last 5 years:**

(insert new rows as required)

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| **Dates** | **Role** | **Organisation** |
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I confirm that I have **never** worked in any of the following roles: academic health/medical researcher at doctoral level or above, medical practitioner, nurse or allied health professional, health service manager, public health practitioner in health service or local authority. (double click in the grey box and select the default value ‘checked’)

**Please tell us your reasons for wanting to become a public member of this group:**

(Max 300 words approx.)

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*PLEASE NOTE:**Applications will be shortlisted against the person specification for the programme which you are applying for. Please refer to the person specification when completing this part of the form, considering your specific experience, knowledge, skills and personal characteristics.*

**EXPERIENCE.**

Please tell us how your experience matches the person specification for this role:

(Max 500 words approx.)

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|  |

**KNOWLEDGE.**

Please tell us how your knowledge base matches the person specification for this role:

(Max 300 words approx.)

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**SKILLS.**

Please tell us how your skills match the person specification for this role:

(Max 300 words approx.)

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**PERSONAL CHARACTERISTICS.**

Please tell us how your personal characteristics match the person specification for this role:

(Max 300 words approx.)

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**Shortlisted candidates may be required to provide references.**

How did you hear about this vacancy?:

Please tick here if you would be interested in undertaking reviewing for NIHR Evaluation Trials and Studies Coordinating Centre (double click in the grey box and select the default value ‘checked’)

When you have completed this application please email it to [netspublic@nihr.ac.uk](mailto:netspublic@nihr.ac.uk). If you have any queries then please email the same address, or call a member of the PPI team on 023 8059 9302.

Your personal information is held and used in compliance with the Data Protection Act 1998. The Department of Health, National Institute for Health Research (DH NIHR) is the Data Controller under the Data Protection Act 1998 (‘the Act’). Under the Data Protection Act, we have a legal duty to protect any information we collect from you. You should be aware that information given to us might be shared with other DH NIHR bodies for the purposes of statistical analysis and other DH NIHR management purposes. Applicants may be assured that DH NIHR is committed to protecting privacy and to processing all personal information in a manner that meets the requirements of the Act.

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| **Confidential Equal Opportunities Monitoring**  **Application for public membership of…………………………………………**  We need to check whether the people who apply for – and are appointed to - our public contributor roles have a similar profile to people in the wider population. Please help us with this by responding to the questions below. We will separate your answers to these questions from the rest of your application. The people who shortlist the application will not see this information and it will not be used to decide who to shortlist or appoint. We will hold your information securely, anonymised and we will not communicate it to anyone outside NETSCC. |  |

# Please tick as appropriate

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| **1.** | What is your gender? | | | | |  | Female | | | |  | | Male | |  | Not disclosed | | | | | | | | |  |  | | |  |  | | | |  |
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| **2.** | What is your date of birth?: | | | | | | | / / | | | |  | |  | Not disclosed | | | | | | | | | | |  | | | | | | |
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| **4.** | What is your ethnic group? Please read the list below and tick **one** box that most nearly describes your ethnic origin. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | White | |  | Mixed/Multiple ethnic groups | | | | | | | | | | | | |  | |  | Asian/Asian British | | | | | | | | | |
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|  |  | Black/African/Caribbean/Black British | | | | | | | | | | | | | | |  | | | Other ethnic group | | | | | | | | | | | |
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|  |  | | Not disclosed | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.** | Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | Yes limited a lot | | | | | |  | Yes limited a little | | | | | | | | | | | |  | | No | | | | | | | |

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