**North Lincolnshire and North East Lincolnshire MNVP**

**Expression of Interest Form**

**Guidance notes**

Please read the **description of the role** before completing this form. This is to confirm that you have an understanding of the application process, and to know what expectations, responsibilities and skills are required for the role within the Maternity & Neonatal Voices Partnership Team.

**For an informal chat about the roles please contact:** [kimberley.boyd@nhs.net](mailto:kimberley.boyd@nhs.net)

**Please complete and return this application form to:** Heidi Forster, [heidi.forster2@nhs.net](mailto:heidi.forster2@nhs.net), if you haven’t received an acknowledgement of receipt within 48 hours please re-send it to ensure receipt.

|  |
| --- |
| **Which role are you applying for?** |
| **Full name:** |
| **Are you aged 18 or over?** Yes / No |
| **Address:**  **Postcode:** |
| **Daytime contact telephone number:** |
| **Mobile telephone number:** |
| **Email address:** |
| **Are you able to access email?** Yes / No  **If no, please tell us how you’d like to be contacted:** |
| **Please select the option that best applies to you.**  **I am a:**  Service user  Carer of a service user currently / previously using health services  Representative of a service user organisation (please tell us which organisation)  Other (Please state) |
| **Are you able to take part in meetings during the day?** Usually this will be between 9am and 5pm  Yes / No |
| **Are you able to use telephone, email and the internet to communicate and take part in meetings?**  We want to make our meetings as inclusive as possible, so please let us know if you have any training or support needs.  Yes / No  **Comments:** |
| **Are you able to make the time commitment in the role description?** Yes / No  **Comments:** |
| **Do you hold any other Patient and Public Voice roles?** Yes / No  **If yes, please tell us more about this:** |
| **How did you find about this role?**  Maternity Voice Partnership pages  Social media  Word of mouth  Other, please explain  **Other:** |
| **Would you be able to take part in a virtual / online interview?** Please note, if you’re not able to attend a virtual interview we will aim to accommodate a face-to-face interview.  Yes / No |

**Skills and experience**

You should refer to information provided in the **role description** before completing this section.

|  |
| --- |
| Please tell us why you would like to apply for this role (Suggestion: 100 words). |
| **Please tell us what you would bring to the role, including any experience from a public involvement / patient / carer / voluntary sector perspective (Suggestion: 200 words).** |
| **Please tell us about any other experience or skills you have which would support your application (Suggestion: Up to 300 words).** |
| Please tell us about any organisations or networks relevant to health and care services that you have an interest in or are a part of (Suggestion: 100 words). |

**References**

Please provide us with two references who are able to confirm your ability to undertake this role. Please include the *name*, *job title*, *address*, *telephone number* and *email address* of both of your referees.

|  |  |
| --- | --- |
| **Reference 1** |  |
| **Reference 2** |  |

**Thank you for your application**