

Patient and Public Voice (PPV) Partner

Application Form

# Application to become a PPV Partner

## Guidance notes

Please read the **application information pack** before completing this form, to ensure you fully understand the application process, and to determine whether you have the skills, experience and time to become a Patient and Public Voice (PPV) Partner.

Please submit only one application form for each person applying to become a PPV Partner.

You can either apply yourself, or on behalf of another person (with their agreement).

Your information you will provide will be used to progress your application only.

Please note the closing date for all applications is **Friday, 29th October 2021**

Please complete and return this application formto:

Email to:

england.covid19-se-acc-transfer@nhs.net

**If you have any queries please email the above address or call:**

## 07783 817 404

## About you

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| Full name:  |
| Title (for example Mr, Mrs, Ms, Miss):  |
| Preferred name:  |
| Are you aged 18 or over? Yes / (please delete as applicable) |
| Address:  |
| Postcode:  |
| Daytime contact telephone number:  |
| Mobile telephone number:  |
| Email address:  |
| Are you able to access email? Yes / (please delete as applicable)If no, please also state your preferred method of communication. |
| Please select the option that best applies to you. I am a: [ ]  Patient or health service user (current or previously) [ ]  Carer of a patient currently / previously using health services [ ]  Representative of a patient organisation (please state which)[ ]  Other (please state) |
| Are you able to take part in meetings during the day? Usually this will be between 8am and 6pm. Please indicate which meetings you would be available to attend?[ ]  ACC Programme Board, first Monday of the month 13:00 to 14:30[ ]  ACC Capacity Steering Group, second Tuesday of the month 9:00 to 10:00[ ]  ACC Transfer Steering Group, second Wednesday of the month 16:00 to 17:00[ ]  Expert Stakeholder Panel, anticipated quarterly timing to be advised[ ]  Other (please state) |
| Do you have any additional needs or need particular support from NHS England to enable you to participate? |
| How did you find out about this role? [ ]  In Touch newsletter[ ]  NHS England website[ ]  Social media[ ]  Word of mouth[ ]  Other, please explain:  |
| Are you able to use telephone, email and the internet to communicate and take part in meetings?  |
| Are you able to commit to the time commitment outlined in the application pack? |
| Do you hold any other PPV Partner roles? Please note that NHS England PPV Partners can hold a maximum of three roles that attract an involvement payment at any one time, and a maximum of five roles that do not attract a payment.  |
| **Please declare any conflicts of interest.  A conflict of interest is any set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act is, or could be, impaired or influenced by another interest they hold.** |

## Skills and experience

You should refer to information provided in **section 9** of the **application information pack** before completing this section. Each response should address your experience/interest to the CRG you are applying to.

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| **Please tell us how you will bring a diversity of PPV views to the Adult Critical Care programmes, beyond your own experiences. (we suggest you do this in about 100 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 and how they would be useful to the Adult Critical Care Programme (we suggest you do this in about 100 words).** |
| **Please tell us your experience of giving a public involvement / patient / carer / voluntary sector perspective (we suggest you do this in about 200 words).** |
| **Please tell us about any other experience or skills you have which would support your application. You should refer to the 'roles, responsibilities and required skills of Patient and Public Voice Partners' section of the information pack (we suggest you do this in up to 300 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  |  |

Please state clearly which role you are applying for on the email **subject tab** when returning your completed application form.

**Thank you for your application.**