

Lay Representative

Application

**Application**

# Strategic Clinical Network Palliative and End of Life Care

# Lay Representative

# 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 Lay Representative. This is a paid role under NHSE volunteer terms and conditions. <https://www.england.nhs.uk/get-involved/get-involved/volunteering/>

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

**Please note the closing date for all applications is 5th September 2022**

Please complete and return this application form to: lynn.andrews2@nhs.net

# Contact/personal details

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| --- | --- | --- | --- |
| **Full name:** |  | **Mr/Ms/Mrs/Miss:** |  |
| **Preferred name:** |  | **Are you aged 18 or over? Y/N** |  |
| **Region** |  | **Town/city** |  |
| **Mobile no:** |  | **E mail address** |  |
| **Are you a:** | Patient (current or previously) and have a life limiting condition.  Carer of patient currently/previously, using healthcare services who has/had a life limiting condition.  Representative of a patient organisation (please state which)  Other (please state what) | | |
| **Are you able to take part in virtual meetings during the day? Usually this will be sometime between 8am and 5pm Mon-Fri**  **There may also be opportunities for face to face meetings in the future.** |  | | |
| **Do you have any support needs to apply for this role? Y/N**  **If yes, please state them here** |  | | |

# Skills and experience

Please tell us why you would like to apply for this role, and what relevant skills and experience you have to support the palliative and end of life care network (max 500 words).

This could include any organisations you have been involved in, personal experiences and involvement with relevant healthcare organisations.

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