# Patient and Public Voice (PPV) Partner application form

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**Application to become a PPV Partner of Same Day Emergency Care Project Group**

**Guidance notes**

Please read the **Same Day Emergency Care Project Group information document** before completing this form, to ensure you fully understand what this group will be doing, 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).

Please note the closing date for all applications is **Monday 23rd August 2021.**

Please complete and return this application form, along with the **Equal Opportunities Monitoring Form** to:

Sarah Jones

Sarah.jones241@nhs.net

**About you**

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| **Full name:**  |
| **Title (for example Mr, Mrs, Ms, Miss):** |
| **Preferred name:** |
| **Are you aged 18 or over?** Yes / No (please delete as applicable) |
| **Address:** |
| **Postcode:**  |
| **Daytime contact telephone number:** |
| **Mobile telephone number:**  |
| **Email address:**  |
| **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 [ ]  Other (please state) |
| **Do you have any additional needs or need particular support from NHS England to enable you to participate?**Yes / No (delete as applicable). If yes please explain.**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 (delete as applicable). Comments:  |
| **Are you able to commit to the time commitment outlined in the information document?**Yes / No (delete as applicable). Comments:  |
| **Do you hold any other PPV Partner roles?** Please note that NHS England and NHS Improvement 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. Yes / No (delete as applicable). If yes, please provide details:  |

**Skills and experience**

You should refer to information provided in the **Same Day Emergency Care Project Group information document** before completing this section.

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| **Please tell us why you would like to apply for this role (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.** |
| **Please tell us your experience of giving a public involvement / patient / carer / voluntary sector perspective.**  |
| **Please tell us about any other experience or skills you have which would support your application. You should refer to the ‘We are looking for people who’ section of the information document.**  |
| **Would you be able to review feedback (most likely online from a survey and in workshops)?**Yes / No / Maybe (delete as applicable). |
| **Please tell us if you have any experience of reviewing large amounts of information and deciding if there are any common themes.** |
| **Have you ever been referred to a Same Day Emergency Care service (or Ambulatory Emergency Care Unit as it's sometimes called)?**Yes / No / Maybe(delete as applicable). |
| **Do you feel you have ever received any discrimination or inequality when accessing an NHS service?**Yes / No / Maybe(delete as applicable). |



**Thank you for your application.**

Please return your completed application form, along with the **Equal Opportunities Monitoring Form** to:

**Sarah Jones** **sarah.jones241@nhs.net**