**The Health Innovation Network: Lived Experience Partners**

**Application Form**

**November 2022**

**Guidance notes**

Please read the information in the Lived Experience Partner Role Description 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 Lived Experience Partner.

Please submit only one application form per person applying to become a Lived Experience Partner.

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

Please note the closing date for all applications is 18:00 **27 November 2022**

To complete this application form please do one of the following:

1. Complete the application form and return by email to: [hin.involvement@nhs.net](mailto:hin.involvement@nhs.net)
2. If you have a paper copy of this form, please email us at [hin.involvement@nhs.net](mailto:hin.involvement@nhs.net) and we will send you an electronic version for you to complete.
3. Complete the ‘About you’ section and ‘References’ section in the application form and record a video of yourself answering the ‘Skills and Experiences’ questions and return the application form and video by email to: [hin.involvement@nhs.net](mailto:hin.involvement@nhs.net)
4. Contact the team ([hin.involvement@nhs.net](mailto:hin.involvement@nhs.net)) if you need to speak with them to take note of your answers over the telephone or would like to discuss another way to submit your application.

Please state **‘Lived Experience Partner application’** in the subject of your email.

**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 (if different):** |
| **Email address:** |

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| **Please select the option(s) 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  ☐ Employee of an organisation involved in health care delivery (including NHS, please give details)  ☐ Other (please state) |
| **Do you have any additional needs or need particular support from the HIN 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?**  Yes / No (delete as applicable).  We want to make our meetings as inclusive as possible so please let us know if you have any training or support needs: |
| **How did you find out about this role?**  ☐ Word of mouth through someone who works at the HIN  ☐ HIN Partners with People newsletter  ☐ HIN website  ☐ Social media (Facebook, twitter)  ☐ Direct communication from another organisation  ☐ Other, please explain: |
| **Are you able to commit to the time commitment outlined in the application pack?**  Yes / No (delete as applicable). Any comments: |

**Skills and experience**

You should refer to information provided in the earlier part of this document before completing this section.

For each question, we suggest you try and answer in about 250 words but feel free to used more or fewer words if you need to.

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| 1. **Please tell us why you would like to apply for this role.**   You may wish to refer to your personal experience and your commitment to the improvement of health and social care services in south London. However, please do not feel like you have to share details, and only share what you are comfortable with. |
| 1. **Please tell us about any experience or skills you have which would support your application. You should refer to the 'roles, responsibilities and skills’ section of the information pack.**   Prompt: Include organisations or networks relevant to health and care services that you have an interest in and /or a member of and experience of giving a public involvement / patient / carer / voluntary sector perspective. |

**References**

Please provide us with two references. Each of your referees should be someone who can comment on your suitability and experience/skills related to the role OR be someone who knows you and can comment on your interest in this area of work

Please include the name, job title, address, telephone number and email address of both of your referees.

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

**Thank you for taking the time for applying to this role.**

**Please return this form by email to:** [**hin.involvement@nhs.net**](mailto:hin.involvement@nhs.net)

**We look forward to reading your application.**