

## National Voices User Panel



### Application Form

In order to register you as a National Voices Service User Panel member, it is helpful for us to have some more background information on you, to help us to check the suitability of your experience and skills in relation to the requirements set out in the User Panel **Task Description and Person Specification Form**. If suitable for the role, we will then be able to use this information to match specific involvement opportunities to your interests and experience.

All data on this form will be treated with the utmost confidentiality in line with the requirements of the Data Protection legislation.

Name

The organisation that nominated you

The person that nominated you

**Why would you like to join the Service User Panel?**

**How do you meet the skills and experience described in the Person Specification?**



**Which of the following key health and social care policy or service provision areas would you be particularly interested in working on? (put an 'X' in those that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Mental Health                      | <input type="checkbox"/> Professional Regulation    |
| <input type="checkbox"/> Carers issues                      | <input type="checkbox"/> Health Inequalities        |
| <input type="checkbox"/> Social Care                        | <input type="checkbox"/> Children & Young People    |
| <input type="checkbox"/> Disability                         | <input type="checkbox"/> Long Term Conditions       |
| <input type="checkbox"/> Local Involvement Networks (LINKs) | <input type="checkbox"/> Patient Safety             |
| <input type="checkbox"/> Quality Improvement                | <input type="checkbox"/> BME Communities & Refugees |
| <input type="checkbox"/> Embedding Involvement in the NHS   | <input type="checkbox"/> End of Life Care           |
| <input type="checkbox"/> Medicines & Pharmacy               | <input type="checkbox"/> Maternity & Midwifery      |
| <input type="checkbox"/> Patient Choice                     | <input type="checkbox"/> Commissioning              |

**If there are any other suggestions for cross-cutting (i.e. not condition-specific) areas of work not covered above that you feel strongly about please note them below:**

**I confirm that all the above information is correct to the best of my knowledge.**

Signature:

Date:

**Endorsement by nominating organisation:**

I endorse this application and agree that the above-nominated individual is, to the best of my knowledge, suitable to join the National Voices Service User Panel.

Name:

Job Title:

Organisation:

Signature:

Date:

Please email your completed form to [sarah.scadding@nationalvoices.org.uk](mailto:sarah.scadding@nationalvoices.org.uk) or post to:  
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