**Volunteer Expression of Interest Form for**

**Role of Patient Representative on**

**Phlebotomy Clinical Design Group**

**Your details**

Title:

First Name:

Last Name:

Age range: Please circle

16-25 26-35 36-45 46-55 56-65 66-75 75+

Address:

Postcode:

Preferred daytime telephone number:

Email address:

**Role applied for**

By completing this form you are registering your interest to become a volunteer patient representative on the Phlebotomy Service, Clinical Design Group

**Experience and relevant knowledge**

**Please tell us about your skills and experience, why you are interested in this role**

Complete your information here

**Thinking about your interests, please tell us why you would like to become a patient representative**

Complete your information here

**Equality and inclusion**

We value and promote diversity in all our work and are committed to equality of opportunity for all. We are particularly keen to understand how you understand the needs of our local community

Complete your information here

**Supporting information**

Is there anything else you would like to tell us, to help us understand why you would be right for this role?

This can include details of relevant skills, knowledge, employment, experience, voluntary activities and training etc. which you have not already told us about.

Complete your information here

**Confirmations**

**Please confirm you have access to your own internet, email and device to work electronically** (interviews and meetings may be held virtually, and papers may be shared via email

Please be aware that there are a limited number of patient representative places available. In the event that interest exceeds the number of places available, would you be interested in being considered for a reading group to help inform and shape our communications and engagement activity?

**Data Protection Act**

Information from this form will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR). In signing this you agree to this data being held and processed for recruitment purposes and if appointed to this position you agree to further personal information being held and processed by NHS Shropshire, Telford and Wrekin Clinical Commissioning Group in accordance with the Act.

**Disability Discrimination Act**

The Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment which has substantial and long term adverse effect on his or her ability to carry out normal day to day activities (i.e. has lasted or is expected to last over 12 months).

**Do you consider yourself to be disabled according to this definition?**

Yes (If yes, please specify any arrangements we can make to assist you if you are invited for an informal discussion

………………………………………………………………………………………………..

No

**Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act 1974 (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

The organisation aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. The organisation undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

**You are required to declare all current ‘unspent’ criminal convictions or cautions (including reprimands and final warnings). You are not required to disclose convictions or cautions which have become ‘spent’.**

As part of assessing your application, organisations will only take into account relevant criminal record and other information declared which is relevant to the position being applied for.

Answering ‘yes’ to the question below will not necessarily bar you from appointment. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

**Are you currently bound over or do you have any current ‘unspent’ convictions or cautions (including reprimands or warnings) that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?**

*Please tick*

Yes

No

If Yes, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. You do not need to tell us about parking offences:

**Declaration**

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal from the appointment by the organisation.

**I agree to the above declaration.**

Signature:

Name:

Date:

**Please return this completed form:**

By email to stwccg.communicationsteam@nhs.net

By **5pm Friday 30th July 2021**