**Engagement Assurance Committee application form for public members**

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| **About you** |  |
| Name |  |
| Organisation (if relevant) |  |
| Telephone |  |
| Mobile |  |
| e-mail |  |
| Preferred method of contact |  |
| Do you have any access needs we should be aware of, in order to fully participate as a patient and public voice? |  |
| Borough |  |

**My skills, knowledge and experience**

|  |
| --- |
| Please give us a brief overview of any relevant skills, knowledge and experience you have (addressing the bullet points on page 2 of the background document and role outline) and why you are interested in being a member of the Engagement Assurance Committee. Please use as much space below as you need and continue on to other pages if you need to. |
| **Skills****Knowledge****Experience**  |

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| **Please tell us what groups you are members of or what links to local communities you have?**  |
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| **Is there anything else you would like to add?**  |
|  |

**Name:**

**Signature: Date:**

**Please provide one character reference**

The person below would like to apply for apposition on the NHS South East London Clinical Commissioning Group’s Engagement Assurance Committee considering and commenting on plans to involve and engage with patients across south east London. If they are successful, we will contact you to confirm this character reference.

1. Name of applicant:

**Referee information**

1. Name of person providing reference:
2. Email address:
3. Telephone number:

**About the applicant**

1. How long have you know this person?
2. How do you know this person? (volunteer with them, neighbour, friend, employer)
3. Please tell us below why you think the applicant will be suitable for this role (please continue on the next page if necessary).

**Signature: Date:**