

APPLICATION FORM

Role: Patient Reference Group member

Introduction

Healthwatch Bromley are recruiting individuals to participate in the Bromley Healthcare CIC Patient Reference Group. The Patient Reference Group (PRG) will support Bromley Healthcare in ensuring public and patient involvement is at the heart of its services and business functions.

Membership of the Patient Reference Group

To be eligible for a place on the PRG, you must live or work in Bromley and use or have experience of local community services. You should also have a positive commitment to helping improve these services.

The PRG will consist of individuals recruited to this role who will reflect Bromley's diversity.

It is anticipated that meetings will take place once every two months. On average, we would expect the role to have approximately two to three hours commitment per month.

To be eligible for a place on the PRG, you must live or work in Bromley, and have experience of local community services. You should also have a positive commitment to helping improve these services. Participants will receive £30 for each meeting they attend and Bromley Healthcare will also cover additional reasonable travel costs. It is anticipated that meetings will take place once every two months.

The application form should be completed and returned by **noon on Monday 16th January 2017**. Interviews will take place later the same week. If any applicant requires further travel assistance, please let us know.

If you would like further information, please phone Stephanie Wood on 020 8315 1916 or email stephanie@healthwatchbromley.co.uk or contact Folake Segun by emailing folakes@healthwatchbromley.co.uk

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Application form for Patient Reference Group

Personal details

Title (Mr, Mrs, Ms, Miss, etc)	
First Name	
Surname/Family Name	
How you prefer to be addressed? For example, by your first name?	
Address	
Postcode	
Email Address	
Tel No. Daytime	
Evening	
Mobile	
<i>Please only give us telephone numbers you would prefer us to contact you on.</i>	

Diversity monitoring

Bromley is a diverse borough and we want to monitor the diversity of participants. The information provided will be used to help us identify areas for improvement and to meet our statutory duties under the Equality Act 2010.

Please tell us your gender. Are you: Male Female

2. Which age group do you belong to?

- Under 18 years 18-24 years 25-34 years 35-44 years
 45-54 years 55-64 years 65-74 years 75+ years
 Prefer not to say

3. Do you consider yourself to have a disability?

i.e. a physical or mental impairment which has a substantial and long-term effect (over a year) on your ability to perform normal day-to-day activities.

Yes. If yes, please provide details and let us know if you require additional support to equally participate in meetings.

No (Go to 4) Prefer not to say

4. How would you describe your ethnic or origin? Please select one box

- White British (English, Scottish, Welsh, Northern Irish)
 White Other (Irish, European, other White background)
 Asian / Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian background)
 Black / Black British (Black African, Black Caribbean, other Black background)
 Mixed background / Dual Heritage
 Gypsy / Roma / Traveller
 Other ethnic group (please specify)

5. Please select the option which best describes your sexual orientation

- Heterosexual Gay or Lesbian Bisexual Prefer not to say

6. Is your gender identity the same as at birth?

- Yes No Prefer not to say

7. How would you describe your religion or belief?

- Christian Jewish No religion
 Buddhist Sikh Hindu
 Muslim Other (please specify)
 Prefer not to say

Information about you

<p>1. Would you consider yourself to be: (please tick all that apply)</p> <p><input type="checkbox"/> Patient/ex-patient</p> <p><input type="checkbox"/> Service user</p> <p><input type="checkbox"/> Carer</p> <p><input type="checkbox"/> Other, please specify</p>
<p>2. Are you a member of any community or voluntary groups?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please list below</p>
<p>3. Tell us in a few sentences why you are interested in joining the PRG</p>
<p>4. Tell us about any personal attributes, experience or skills that you feel you can bring to this role</p>

<p>5. Are there any health topics that you are particularly interested in?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please specify.</p>	
<p>6. Are you available to attend meetings during office hours?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>7. Are you available to attend meetings in the evenings?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>8. Are you available on specific days only?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please specify.</p>	
<p>9. Please let us know about any other comments, including information about any access or communication support needs to enable participation.</p>	
<p>10. Please give us the details of two people who would be willing to be a referee for you.</p>	
<p>Referee 1</p> <p>Name:</p> <p>Organisation (if relevant):</p> <p>Address:</p> <p>Telephone:</p> <p>Email address:</p> <p>How do you know this referee?</p>	<p>Referee 2</p> <p>Name:</p> <p>Organisation (if relevant):</p> <p>Address:</p> <p>Telephone:</p> <p>Email address:</p> <p>How do you know this referee?</p>

Rehabilitation of Offenders Act 1974

If you have previously been convicted of any offences, please give details below, unless the conviction can be regarded as 'spent' in terms of the Rehabilitation of Offenders Act 1974.

If you have no convictions please write NONE.

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Conditions of involvement in the Bromley Healthcare CIC Patient Reference Group

Confidentiality

You will not have access to patient, volunteer or staff information. However, you must understand that if any personal information is inadvertently made available to you this must remain absolutely confidential and reported to the appropriate member of staff.

If you discuss such information with anyone, we will not allow you to continue working with the group.

DECLARATION

I have read and understood the above statements. I agree to be involved in the Patient Reference Group and agree to the conditions. I consent to the information given on the form being entered onto the Patient Engagement database.

Signed:

Date:

Please return application form to:

Alex Doust
Patient Reference Group applications
Healthwatch Bromley
Community House
Bromley
BR1 1RH

You may also email your application to:
stephanie@healthwatchbromley.co.uk