

Guidance Document 2: Public Involvement Application Form

Public Representative Application Form

Name (First and last):

Street Address:

City/County: _____

Home phone: _____

Mobile phone: _____

Email address: _____

Preferred contact (Tick one):

Home phone

Mobile phone

Email

The following questions will help us get to know you better.

1. Are you a ... (Tick all that apply)

Patient

Family member of a patient

Member of the public

2. What language(s) do you speak?

3. We recognise that our public representatives have busy lives. How much time are you able to commit to being a public representative? (Tick one)

Less than 1 hour per month

1 to 2 hours per month

3 to 4 hours per month

More than 4 hours per month

4. Why do you want to become a public representative?

5. Please briefly describe any experience you may have as an active volunteer or as a public speaker.

6. Our public representatives reflect the diversity of the members of the public we serve. Please share anything about yourself that you think would add to the diversity of our team of representatives.

Please return this form to: [insert public representative liaison name and contact information]