**Lived Experience Partners to join Advisory Group for people living with diabetes**

**Position applied for:**

Member of Advisory Group for Insights and Experiences of people living with diabetes programme

Please complete all sections of the form.

To get help completing or sending the application contact Arron Sandhu by

* email: england.digitaldiabetes@nhs.net
* call: 07702 420246

*We will be available to assist you between 10am and 4pm Monday to Friday*

Applications should be returned to:

Helen Slee at england.digitaldiabetes@nhs.net

Please return your application form by: 9am Monday 27th June 2022.

Applicants who are successful at this stage will be invited to an informal interview week commencing 4th July 2022.

By submitting this form you are consenting for NHS England to use the details you have entered as part of this recruitment process. This information will be held securely within data management systems and only accessed by authorised personnel; it will not be used for any purpose other than recruitment for this role. All information given will be held in strictest confidence and in accordance with General Data Protection Regulations

If you require this information in another format such as large print or easy read

Call 07702 420246

email

england.digitaldiabetes@nhs.net

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# Personal contact details

Please fill in the below details. This section of the application form will be treated as confidential and will only be used to contact you.

|  |  |
| --- | --- |
| **Surname** |  |
| **First name(s)** |  |
| **Other names you may want us to know you by** |  |
| **Pronouns (e.g. He/Him, She/Her, They/Them, Xe/Xyr)** (pronouns that you want us to refer to you as, to reflect your gender identity) |  |
| **Address** |  |
| **Post code** |  |
| **Telephone number** |  |
| **Email address** |  |
| **What can we do to make sure you are able to participate fully in this project?**This will in no way have a negative impact on your request to become a member of the **Advisory Group**. This information will only be used to make sure everyone is able to fully participate in every stage of the process and to make your experience as positive and inclusive as possible. | **(Examples of what this could look like are: binder breaks, British Sign Language (BSL) interpreter, covering the cost of additional child care or additional carers needed, discreet communications, written and or verbal communications, information in easy read or large print format.)**  |
| **Please select the option that best applies to you.** **I am a:**  |  ☐ Person living with type 1 diabetes or health service user (current or previously) ☐ Person living with type 2 diabetes or health service user (current or previously)  ☐ Carer of a person living with diabetes who is currently / previously using health services  ☐ Other (please state)   |
| **Are you able to use email and the internet to communicate and take part in meetings?**  | We want to make our meetings as inclusive as possible. Please let us know if you have any IT training or support needs to be able to attend online meetings.  Yes / No (delete as applicable). Comments:   |
| **Are you able to commit to the time commitment and attendance at Advisory Group meetings outlined in the application pack?**  | Yes / No (delete as applicable). Comments:   |
| **Do you hold any other Lived Experience (Patient and Public Voices Partner) roles?**  | Please note that NHS England and NHS Improvement PPV Partners can hold at any one time a maximum of: * three roles that attract an involvement payment
* five roles that do not attract a payment.

 Yes / No (delete as applicable).If yes, please provide details |

# Monitoring and demographics

**Why are we asking this information?**

It is important for us to us know that people from all backgrounds and communities feel comfortable coming to NHS England and NHS Improvement to work with us.

You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to understand if we are involving different groups of people, and to make improvements if some groups are not represented.

The information you provide is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 2018.

|  |  |
| --- | --- |
| **Which of the following options best describes your gender?**  | [ ]  Woman (inc. Trans woman) [ ]  Man (inc. Trans man)[ ]  Non-binary [ ]  In another way (please specify your preferred terminology below) |
| **Is your gender identity the same as the gender you were assigned at birth?** | [ ]  Yes [ ]  No |
| **Which of the following options best describes your sexual orientation?**  | [ ]  Lesbian[ ]  Gay[ ]  Bi [ ]  Heterosexual/Straight[ ]  In another way (please specify your preferred terminology below) |
| **What is your religion or belief, even if you are not practicing?**  | [ ]  Buddhist[ ]  Christian (Inc. all denominations)[ ]  Hindu[ ]  Humanist[ ]  Jewish[ ]  Muslim[ ]  Sikh[ ]  Agnostic[ ]  No Religion (Atheist) [ ]  Other – (Please specify below) |
| **Which of the following best describes your ethnicity?**  | [ ]  White British[ ]  White Irish[ ]  Other White Background[ ]  Mixed White & Black Caribbean[ ]  Mixed White & Black African[ ]  Mixed White & Asian [ ]  Other Mixed Background[ ]  Asian or Asian British Indian[ ]  Asian or Asian British Pakistani[ ]  Asian or Asian British Bangladeshi [ ]  Any other Asian or Asian British Background[ ]  Black or Black British Caribbean[ ]  Black or Black British African[ ]  Any other Black or Black British Background[ ]  Chinese[ ]  Any other ethnic group (please state below)  |
| **Do you consider yourself to be disabled?**  | [ ]  Yes [ ]  No[ ]  Unsure/Don’t know[ ]  Prefer not to say |

# Experience, skills, abilities and knowledge

Please answer the following **THREE** questions to the best of your ability. We suggest no more than 200 words for each answer.

|  |  |
| --- | --- |
| **Please tell us why you would like to apply for this role:**If you also have experience of working with services, charities or other networks relating to diabetes, please let us know in your answer. **It will not affect your application if you do not have experience of this.**  |  |
| **Please tell us about any experiences you have of sharing your views or giving feedback as a person living with diabetes, or a carer of someone with diabetes.****If you don’t have experience of this tell us what skills you have that would help you to share your views in the Advisory Group.**Examples could include: * completing surveys
* speaking at patient/ public meetings
* discussing your care with your healthcare team
* being confident to speak in meetings
* having opinions about what works well and how healthcare services could be improved from personal experience
 |  |
| **How will you represent people living with diabetes at the Advisory Group, to make sure the programme considers the most important issues and improves experiences for people living with diabetes?** If you have suggestions of what you think the most important issues are that affect people’s experiences of living with diabetes and accessing care, please include them in your answer.  |  |

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# References

# Please provide TWO references.It is our preference that we speak to referees who know you closely. These personal references can be someone who knows you well and can speak to your character. It does not have to be an employer.

# This could be a friend, family member, college or university tutor, teacher, social worker, current or previous employer, someone you have volunteered with or for. If you have any questions about this, please email us at england.digitaldiabetes@nhs.net

|  |  |
| --- | --- |
| Referee 1 - Name  |  |
| Email |  |
| Phone number  |  |
| How do they know you?  |  |
| Referee 2 - Name |  |
| Email |  |
| Phone number |  |
| How do they know you? |  |

**Thank you for your application.**