

PPI Forum Member Application Form



If you need help to fill out this form or if you need this in another format, please telephone the Regional Centre to request assistance.

Please return this form to the Regional Centre that covers the area in which you live – see the map on the back of the application pack.

Title _____ Name _____

Address _____

_____ Postcode _____

Tel No _____

Email _____

1 Are you 18 years of age or older? YES / NO

2 How did you hear about PPI Forums?

- Advert Local Press National Press Leaflet Recommendation
 Other (please specify)

3 Where did you get this recruitment form from?

4 Please tell us of anything that you will need if you are asked to come to talk to us about this application.

5 I wish to apply to become a member of the PPI Forum for the following Trust(s):

Primary Care Trust (PCT) (give name of PCT)

NHS Trust (give name of hospitals(s))

If you don't know which PPI Forum you would like to be a member of, please tick here.

6 How much time per week could you devote to your work for the PPI Forum?

7 What experience do you have of using your local health services?

8 Are you part of, or do you represent, any particular group or part of the community in your local area? Please give brief details.

9 What area(s) of health or healthcare are you especially interested in?

10 What do you think are the main health care needs of your local community?

11 What do you think you could do to improve the health and well-being of your local community?

12 What experience do you have of people with different backgrounds and abilities to you?

13 What experience do you have of working as part of a team or group?

14 What particular experience or skills do you think you could bring to a PPI Forum team?

15 Are you an employee, officer or member of the NHS or an organisation providing health service to the NHS?

No Yes If yes, please give brief details.

16 Are you a local authority member (councillor) or member of a Health Overview and Scrutiny Committee?

No Yes If yes, please give brief details.

17 Are you an employee, member or officer of the CPPIH or an employee of a Forum Support Organisation?

No Yes If yes, please give brief details.

18 Are you engaged in providing Independent Complaints Advocacy Services?

No Yes If yes, please give brief details.

19 Have you ever been dismissed from office or employment within the NHS for reasons related to misconduct?

No Yes If yes, please give brief details.

20 Do you have any criminal convictions? No Yes

If yes, please give details because disclosure of this information may assist the CPPIH in allocating you to a Forum. A previous conviction is not an automatic disqualification to becoming a Forum member. Information you provide is protected under the Data Protection Act (1998) and will not be disclosed to another party without your consent. CPPIH intends to carry out Criminal Record Bureau (CRB) checks on all forum members.

Please give the names and contact details of two people who have known you in a personal or professional capacity for at least two years and who would be prepared to give a reference for you.

Name _____

Address _____

_____ Postcode _____

Tel No _____

Email _____

Name _____

Address _____

_____ Postcode _____

Tel No _____

Email _____

I confirm the information given on this application is true.

I understand that if I am appointed and the information I have provided is found to be false, then my PPI Forum membership may be ended.

Data Protection Act Statement

A PPI Forum Member is a public appointment, which is of public interest to individuals and organisations. I understand that if I am appointed my name will be released to the Primary Care Trust or NHS Trust for which my Forum was established, and to organisations and individuals to enable me to fulfil my individual and collective statutory duties and obligations as a Forum Member. I also understand that my name will be placed on the CPPIH website.

Your personal information will not be distributed to other organisations without your consent. The Commission for Patient and Public Involvement in Health, as the Data Controller, will hold your application form on file. Contact details and details of special needs will be passed to Forum Support Organisations and PPI Forums. CPPIH will tell them that your details are confidential and that they should only be used for the purpose for which they were supplied unless you give consent for your contact details to be used for other purposes.

Signed _____ Date _____

For office use _____

By completing this application CPPIH may send you additional information. Please tick this box if you wish to be kept informed of future developments on an ongoing basis.