

# Expression of interest form – easy read

NHS England Learning Disability and Autism Programme are recruiting to the advisory group



Please complete this form if you're happy to apply to be on the advisory group

**Questions**

1. What do you think about it?

Good

Bad

Not sure

We will ask you some questions with a chance to write about yourself later

English

Hello, we are excited you are interested in joining our Learning Disability and Autism Advisory Group.

This information pack tells you about our group and how you can help. We would like to join.

Please read this information pack before completing the form.

If you want any help with reading this information or filling in the form you can contact us on [advice@nhs.uk](mailto:advice@nhs.uk) or phone 0113 524 9888.

Please read the [information pack](#) before filling in this form



**If you want help to fill in this form, let us know**

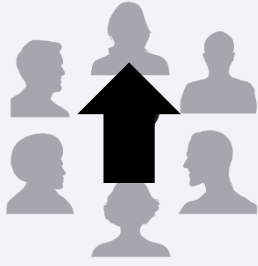


**You can phone 0113 824 9686  
or email [engage@nhs.net](mailto:engage@nhs.net) Monday to  
Friday 9am - 5pm**



**Please be careful as you cannot save  
your answers as you go along**

**Make sure to write up your answer in a  
document first, and then copy and paste  
into the online form**



**This information will be used to choose people to join the advisory group**

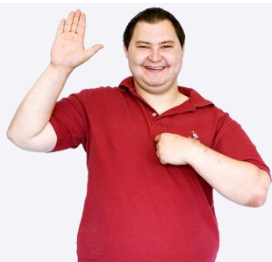


**We need people with a learning disability, autistic people and family carers**



**Tell us about you...**

Please tick all boxes that describe you



I am a person who has a learning disability



I am an autistic person



I am also a parent



I am a parent, carer or family member of a person with a learning disability



I am a parent, carer or family member of an autistic person



I am a parent, carer or family member of someone who has passed away within the last 3 years



**Tell us about you...**

Please tick all boxes that apply



**The age(s) of the people I look(ed) after**

0 – 17

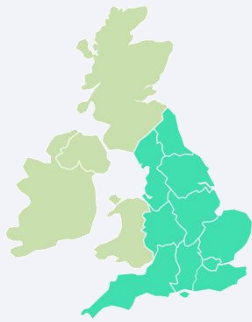
18 – 25

26 – 40

41 – 65

66 or older

Loved one passed away within the last 3 years



**Our group members need to live in England. If you don't, please don't fill in the form.**

**Do you live in England?**



**Yes**

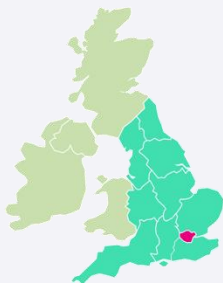


**No**

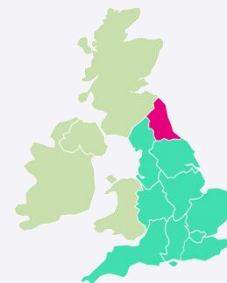


**We are looking for group members who live in different parts of England**

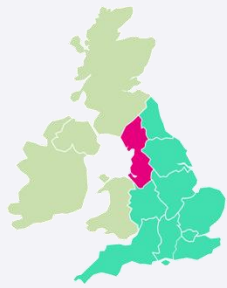
**Please tick the area you live in**



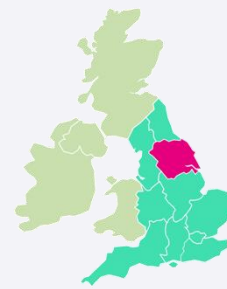
**London**



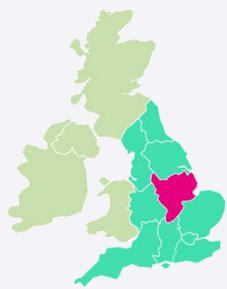
**North East**



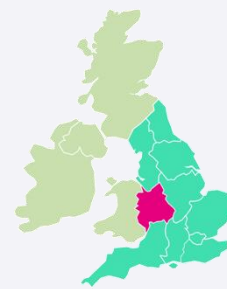
**North West**



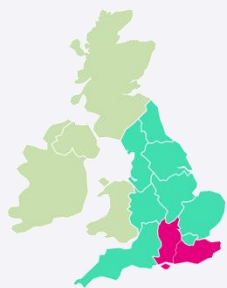
**Yorkshire and the Humber**



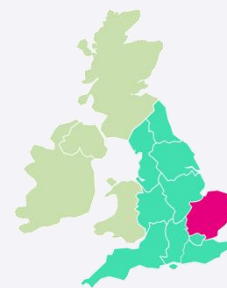
**East Midlands**



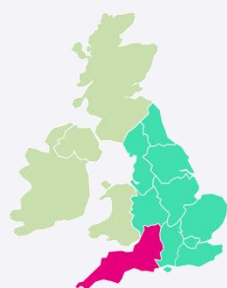
**West Midlands**



**South East**



**East of England**



**South West**



**We are looking for members with lived experience rather than professional experience**



**We do not usually have members who work on the frontline in the NHS or work in healthcare**



**If you work in healthcare or for the NHS, write here what your job is**





**People can only have up to 3 voluntary engagement roles at NHS England**



**Do you have any other voluntary roles at NHS England at the moment?**



**Yes**



**No**



**If yes, which teams at NHS England do you engage with?**



**We need to make sure all the members of the group are safe**



**We need to do a Disclosure and Barring Service (DBS) check  
This will allow us to check if you have a criminal record**



**Will you allow NHS England to do a DBS check on you?**



Yes



No



**We want our group to have lots of very different people in it, to be diverse**



**It's important we hear as many views as possible from people with different backgrounds**



**We want members of different ages**

Please tick the box that describes you



18-25

26-45

46-65

66-79

80+



**We would like group members who are from different ethnic backgrounds**  
**What is your ethnic background?**

Please tick the box that describes you



**White**



**Asian**



**Black**



**Mixed ethnic background**



**Prefer not to say**



**Other**

.....



**We want to understand the views of people who have a severe learning disability**

**Do you have or do you care for someone in your family who has a severe learning disability?**



Yes



No



**We would also welcome people to the group who don't speak to communicate**

**Do you or the person you care for use another way to communicate other than speaking?**



Yes



No



**Please tell us how, for example, Talking Mats, a communication aid, Makaton, British Sign Language (BSL)**

.....



**We would welcome members who have a range of disabilities**

**Do you or someone you support or care for have any of the following disabilities?**



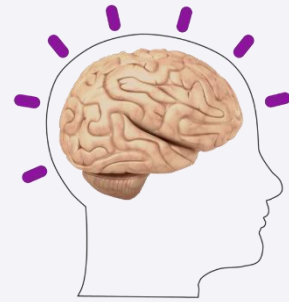
**Vision issues for example, due to blindness or partial sight**



**Deaf or hearing issues**



**Mobility issues for example, difficulty walking short distances, climbing stairs, lifting and carrying objects**



**Other Neurodivergences for example, ADHD, dyslexia, Tourette syndrome**



**Mental health issues for example, anxiety, depression, bipolar disorder**



**Other**

.....





**None of these**



**Do you or someone you care for have a high level of support?**  
For example, 3 or more support workers at any one time



**Yes**



**No**



**Do you or someone you care for take medication to help with behaviour?**



**Yes**



**No**

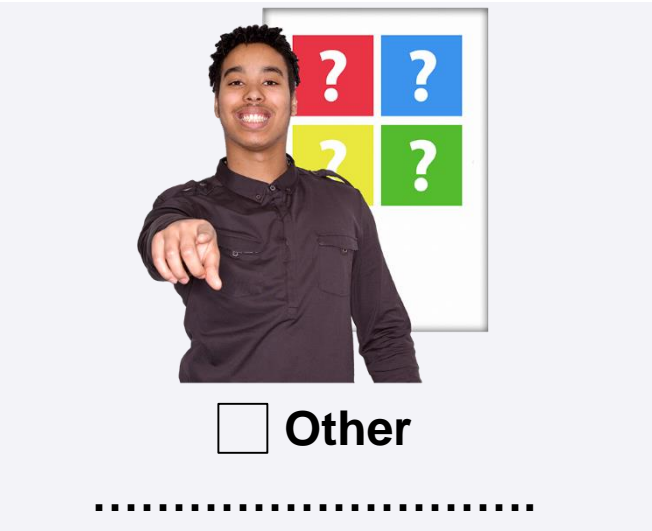
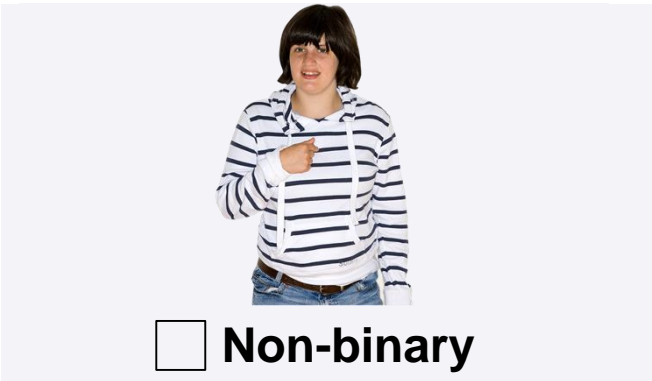
**Please tick all boxes that describe you or the person you care for**

- Take psychotropic medication (for the mind)**
- Take medication to help with behaviour**
- Take medication to help with mental health to help stay well**
- Take medication for the mind, but not sure why**



**We want a mix of people of different genders**

**How do you describe your gender?**  
Please tick the box that describes you





**Is your gender different to the gender you were told you were, when you were born?**

**This is called being transgender**



**Yes**



**No**



**Prefer not to say**



**How do you describe your sexual orientation?**

Please tick the box that describes you



**Heterosexual  
(Straight)**



**Lesbian or Gay**



**Bisexual**



**Other**



**Prefer not to say**



**Are you actively involved in any  
networks or community groups?**

**This could be face to face or online**



Yes



No



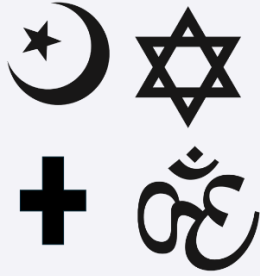
**Please tick any networks or community groups you are a member of**



Self advocacy groups



Attend a day centre



Involved with religious group or meetings



National learning disability and or autism organisations



Member of a support group



Attend any clubs



Other

.....



None of these



## What topics do you want to make a difference to?

Please tick the boxes that apply to you



**Mental health**



**Annual health checks**



**Children and young people**



**Growing old**



**Mental health hospital treatment**



**Stopping people dying too young**





**Community services**



**Homes for people**



**Asking for reasonable adjustments**



**None of these**



**Are you happy to talk about other things the group wants to change, as well as the things you want to change?**



**Yes**



**No**



**We would like members to have experience of different health and social care services**

Please tick the boxes that apply to you



**Direct payments**



**Personal health budgets**



**Community mental health services**



**Other health services for example, cancer, diabetes, heart or lung services**



**Prison health services**



**Residential care or supported living**



**Key worker programme**



**Getting your own home**



**None of these**



**Have you or someone you cared for stayed in or are still in a mental health hospital as an inpatient?**



**Yes**



**No**



**Please tell us why you would be a good person to have on our advisory group**

**You could tell us about the skills and experiences you would bring to the group**

**For ideas of things to include in this section please see the document that goes with this form**

**This must be under 500 words and you must write something**



## Your availability and time



Would you be free to join meetings at least 3 times per year?



Yes



No



Would you be willing to take part in an online trial meeting?



Yes



No



## Personal Details

Name R. Smith  
Address 224 West St  
Manchester  
Phone Number \_\_\_\_\_

We need your personal details otherwise we cannot accept your application



What is your full name:



What do you prefer to be called:



What are your pronouns (he, she, they, other):

Your Street



**Your home address:**

**House number**

**Street name**

**Town**

**Post Code**



Phone

**Your phone number:**



**Your email address (if you have one) or  
the email address for someone we can  
contact on your behalf:**



**Please tick all the ways we can contact  
you**





Phone call



Post



Text message



Email



**What is the best format for us to send you information?**

Please tick all boxes that apply



Plain English



Easy Read



**Other**



**Meetings could be in person or online**



**Please tell us here about any support you need to take part in meetings**



**For example, if you have a support worker, are they able to attend with you**

**Do you need more time to have things explained to you**

## References



**Please give us contact details for 2 people we can contact, who can tell us about you**



**Your referees should be people who can tell us how good you would be if you join the group**

**They cannot be a member of your family**

## Reference 1



Address



**Referee 1 name:**

**Referee 1 job title:**

**Referee 1 address:**

**House number**

**Street name**

**Town**

**Post code**

**Referee 1 telephone number:**

**Referee 1 email address:**

## Reference 2



**Referee 2 name:**

**Referee 2 job title:**

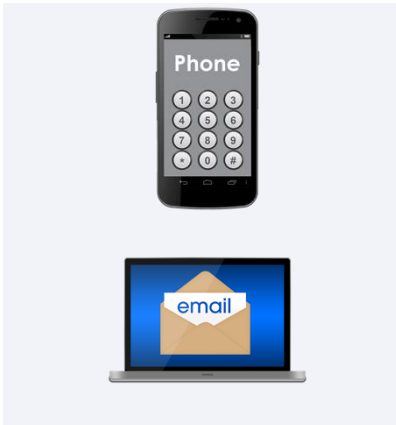
**Referee 2 address:**

**House number**

**Street name**

**Town**

**Post code**



**Referee 2 telephone number:**

**Referee 2 email address:**

**Thank you for completing the application**

**If you are not chosen this time, would you like us to keep your form for 2 years in case there are more places available?**

**Yes**

**No**

**Would you like to sign up to our update emails?**

**By signing up you can find out about other opportunities and information**

**Sign up by clicking on this link:**

**<https://confirmsubscription.com/h/d/0DB38C308F2EB0FA>**

**and we will add you to our mailing list**