

Expression of interest form – plain English

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.

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

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 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.

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, eg due to blindness or partial sight

Deaf or hearing issues

Mobility issues, eg difficulty walking short distances, climbing stairs, lifting and carrying objects

Other neurodivergences, eg ADHD, dyslexia, Tourette syndrome

Mental health issues, eg 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

Male

Female

Non-binary

Prefer not to say

Other.....

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 or regional 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

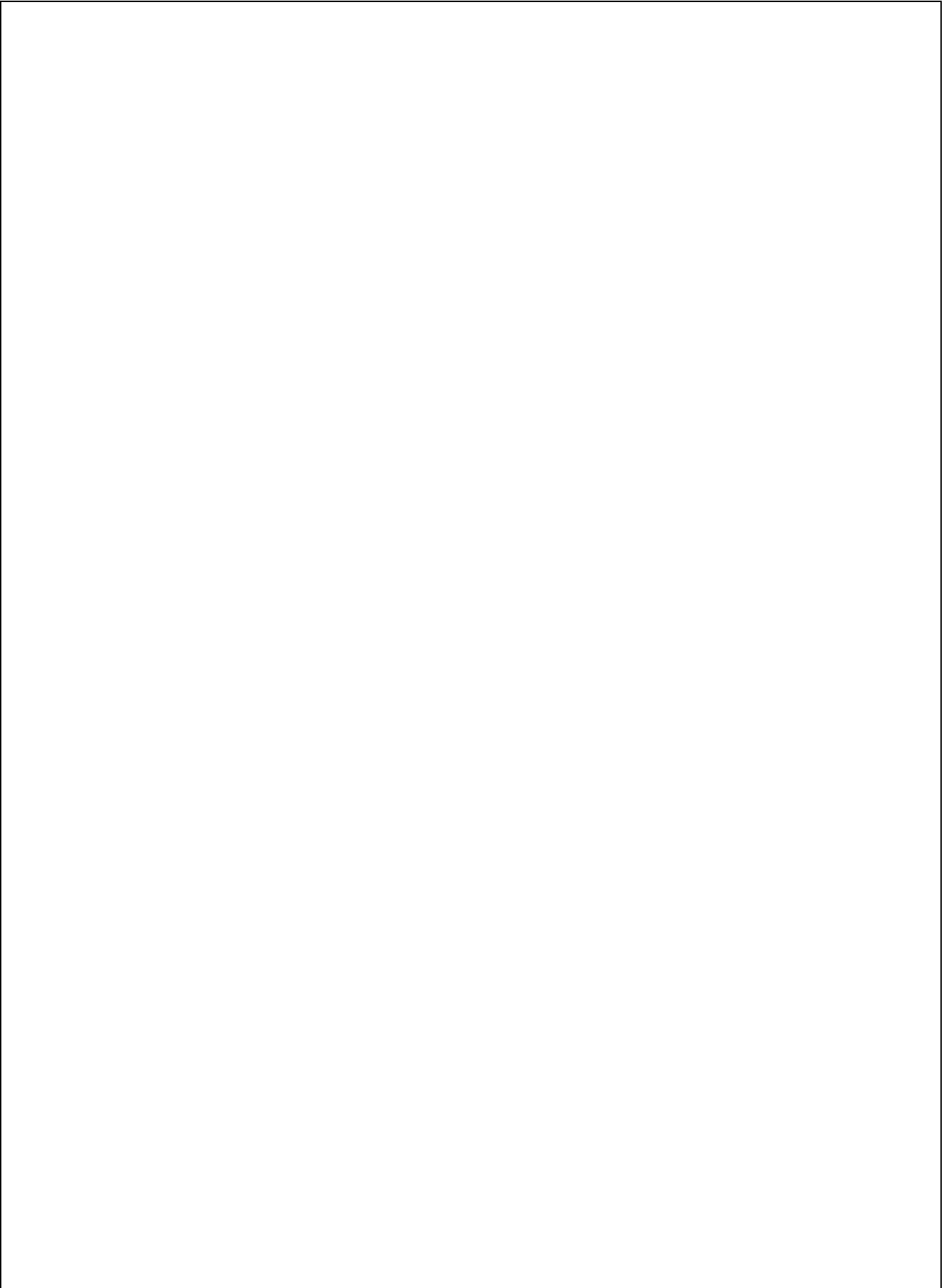
No

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

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 home address:

House number

Street name

Town

Post Code

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

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.