# Patient and Public Voice (PPV) Partner application form

# **Application to become a PPV Partner of People and Communities Division: Older People Living with Complex Needs (6-month initial phase – Integrated Care Experience Survey)**

**Guidance notes**

Please read the application information pack before completing this form, to ensure you fully understand the application process, and to decide whether you have the skills, experience and time to become a Patient and Public Voice (PPV) Partner.

You can either apply yourself, or on behalf of another person (with their agreement), for example, if you are in an advocacy role, or a support worker for someone with a disability. If you have any questions about this application please contact: **Sarah Wall** **sarah.wall14@nhs.net**

Please note the closing date for all applications is **5pm Friday 4th October 2024**

Please complete and return this application form to: **Sarah Wall sarah.wall14@nhs.net**

Please also complete an Equal Opportunities Monitoring Form **<Insert link>**

**About you**

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| **Full name:**   |
| **Title (for example Mr, Mrs, Ms, Miss):**   |
| **Preferred name:**   |
| **Are you aged 18 or over? Yes / No (please delete as appropriate)**  |
| **Address:**  |
| **Postcode:**   |
| **Contact telephone number:**    |
| **Email address:**    |
| **All correspondence will be by email. If this is not okay, please tell us your preferred method of communication:** |
|  **Are you able to use a telephone, email, and the internet to communicate and take part in meetings?**  Yes / No (delete as applicable). *Please note: If you do not have access to this equipment, we can help you. We're working with Starting Point, a Community Learning Partnership, to help PPV Partners across the organisation to access digital devices and data to help them undertake this role.*  |
| **How did you find out about this role?**  ​​☐​ In Touch newsletter ​​☐​ Other NHS England newsletter ​​☐​ NHS England website ​​☐​​ Social media ​​☐​ Word of mouth ​​☐​ Other, please tell us:   |
| **Are you able to commit to the time commitment outlined in the application pack?**  Yes / No (delete as applicable).  **If you replied ‘No’, please tell us why?** e.g Is this because of a health issue, or other commitments such as caring responsibilities:    |
| **Do you hold any other PPV Partner roles?**  If you have any other partner roles, please provide details below. Please tell us the team you work with as well as the name and email address of your hiring manager.   1.
2.

 *Please note: NHS England PPV Partners can hold a maximum of three roles. If you already have three roles, you may not apply for this role*.   |
| **According to the definition of disability do you consider yourself to have a disability?**Yes / No / Do not wish to disclose (delete as applicable).  *If an applicant has a disability covered by the definition outlined within the* [*Equality Act 2010*](https://www.gov.uk/guidance/equality-act-2010-guidance) *and can show that they meet the ‘essential criteria’ described in the specification for the role being applied for, they are guaranteed a priority interview for the role for which they are applying, through our*[***Disability Confident scheme***](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fcollections%2Fdisability-confident-campaign&data=05%7C02%7Cbeth.grange%40nhs.net%7C7f850aadd04d493b67e808dc27e9fdb7%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638429133131063257%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Exh%2BA%2B0jzEkqcfb1SLQWKZpKoUNoYgUM2h3TMhQTnjU%3D&reserved=0)*(formerly known as the Guaranteed Interview Scheme).* *Please note: In certain recruitment situations such as high-volume, disabled candidates who best meet the essential criteria will be interviewed rather than all of those that meet the essential criteria.* |
| **If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme if you meet the minimum criteria as specified in the Personal Specification?** Yes / No / Not applicable (delete as applicable).   |

**Skills and experience**

You should refer to information provided in the **application information pack <insert link>** before completing this section. (If you would like this form in another format, for example, large print, easy read, or video please let us know by contacting sarah.wall14@nhs.net

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| **Why would you like to apply for this role? (we suggest you do this in about 100 words).** *Please indicate in this section whether you are applying for the role in relation to your lived experience as an older person living with complex needs, an unpaid carer or both.* |
| **Tell us about any health and care organisations or networks that you have an interest in, or are a part of, that are relevant to the position you are applying for (we suggest you do this in about 100 words).**  |
| **Please tell us your experience of giving a public involvement / patient / carer / voluntary sector perspective (we suggest you do this in about 100 words).**  |
| **Please tell us how you will bring a diversity of patient and public views to this role, beyond your own experiences.**  |
| **Please tell us about any other experience or skills you have which would support your application. You should refer to the 'roles, responsibilities and required skills of Patient and Public Voice Partners' section of the information pack (we suggest you do this in 200 words).**  |

**References**

Please provide us with two references. Your referee should be someone who can **comment on your suitability to undertake the role**

If you do not have a professional reference, you are welcome to provide details of a friend or family member for both of your referees.

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| **Reference 1** Name Job title (if relevant) Address Telephone number Email What context you know them |     |
| **Reference 2** Name Job title (if relevant) Address Telephone number Email What context you know them |     |

**Thank you for your application.**

Please return this completed application form to: **Sarah Wall sarah.wall14@nhs.net**

Please also complete an **Equal Opportunities Monitoring Form <insert link>.** The equal opportunities information does not form part of your application but helps us ensure our recruitment is reaching a wide range of people.

Thank you for your application.