**Application form: Community Involvement and Workforce Innovation (CIWI) Oversight Group: Co chair and public member**

**Guidance notes**

* Please return your completed Application Form, along with a Diversity Monitoring Form to: [community.involvement@health](mailto:community.involvement@health)innovationoxford.org
* **The closing date for applications is midnight Monday 22nd April 2024**
* Interviews will be held on **Monday 29th April 2024**
* Please read the role description and supporting information before completing this form to ensure you have the time, skills, and experience for the role

**References**

Please include the name, job role, address, telephone number and email address of one referee (for example from an organisation you already work with).

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| **Reference 1** | **Name:**  **Job role:**  **Organisation:**  **Telephone:**  **Email address:** |

**Section one: About you**

*The information in section one will not be shared with the shortlisting panel.*

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| **Optional Title** (for example Mr, Mrs, Ms): |
| **First name:** |
| **Last name:** |
| **Please note: you must be aged 18 or more to apply for this role.**  **Are you aged 18 or over?** Yes / No (delete as applicable) |
| **Address:** |
| **Daytime telephone number:** |
| **Mobile telephone number:** |
| **Email address:** |
| **Do you have any additional needs or need particular support to enable you to participate?**  Yes / No (delete as applicable). If yes please provide details: |
| **Are you able to use telephone, email, and the internet to communicate and take part in meetings?** *We want to make our meetings as inclusive as possible so please let us know if you have any training or support needs.*  Yes / No (delete as applicable).  Comments: |
| **Do you hold any other public or patient member roles?** Yes / No (delete as applicable). If yes, please provide details: |
| **How did you find out about this role?** Please tick as appropriate.  Website / newsletter  Oxford AHSN website  Healthwatch  Via a charity  Social media  Word of mouth  Other, please specify: |

**Section two: Skills and experience**

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| **Please tell us why you would like to apply for this role** (maximum 300 words) |
| **Please tell us about any organisations or networks, relevant to health and care services, or research that you are involved with** (maximum 300 words) |
| **Please tell about your experience of giving public, patient, carer, or family perspectives** (maximum 300 words) |
| **Please tell us about any other experience or skills you have which would support your application** (maximum 150 words) |

**Thank you for your application.**