



APPLICATION FORM FOR PATIENT REPRESENTATIVE

**PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO:
FRANCESCA CIVITILLO, BYRON HOUSE, MILLERS WAY, SUTTON IN ASHFIELD,
NOTTS, NG17 4NX**

POSITION APPLIED FOR Please Tick	Central Nottinghamshire Clinical Services Council: Ashfield and Mansfield <input type="checkbox"/> Newark and Sherwood <input type="checkbox"/>
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PERSONAL DETAILS

Surname			
First Names			
Title		Date of Birth	
		Gender	
Postal Address			
Postcode		Country	
Home Telephone		Mobile Telephone	
Email			

REFERENCE

Please give the name of a person who has agreed to support your application.

Name			
Job Title			
Postal Address			
Postcode		Country	
Telephone		Fax	
Email			
Relationship			

**EQUAL OPPORTUNITIES MONITORING
Race Relations (Amendment) Act 2000**

I would describe my ethnic origin as follows:		
<p>Asian or Asian British</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<p>Mixed</p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other Mixed background	<p>Other Ethnic Group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group
<p>Black or Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<input type="checkbox"/> I do not wish to disclose my ethnic origin

Age Group	
<input type="checkbox"/> Under 18 <input type="checkbox"/> 40 – 65 <input type="checkbox"/> Over 85	<input type="checkbox"/> 19 - 39 <input type="checkbox"/> 66 – 85

DISABILITY DISCRIMINATION ACT 1995

Do you consider yourself disabled?	
If yes, do you need special arrangements to enable you to attend for interview?	
If so please give details:	

DECLARATION OF POTENTIAL CONFLICT OF INTEREST

Please state the details, or if you hold an additional position/role that may potentially conflict.

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DECLARATION

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if recruited by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration

Signature

Name

Date

SUPPORTING INFORMATION

In this section please give your reasons for applying for this position and additional information which shows how you match the person specification for the post (you will have been sent this document with this application form). This can include relevant skills, knowledge, experience, voluntary activities and training etc.

Supporting information (maximum 1 side of A4)