

**Patient Representative /Service User Member and Carer Member for**

**Transforming Medication Safety in Northern Ireland (TMSNI)**

**Expression of Interest (EOI) Form**

**Guidance notes**

Please read the information included in the information pack carefully before completing this form, ensuring you fully understand the expression of interest process, and can confirm that you have the skills, experience and time to participate as a Patient Representative, Service User Member or Carer member.

If you need more information about this opportunity or require support or adjustments to complete this form, please contact Sharon Heffron at Sharon.heffron@hscni.net

 or call 07727 868008, from 8.00am-4.00pm Monday to Friday.

Please note the closing date for all EOIs is **Tuesday 4th June 2024 at 5pm.**

Please complete and return this form, along with the Equal Opportunities Monitoring Form to Sharon.heffron@hscni.net

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| **Full name:**  |
| **Title (for example Mr, Mrs, Ms, Miss):** |
| **Preferred name:** |
| **Address:** |
| **Postcode:**  |
| **LCG area (if known: Belfast/Northern/Southern/South Eastern/Western):**  |
| **Preferred telephone number:** |
| **Email address:**  |
| **Please select the option that best applies to you. I am currently a:** [ ] Service user representative [ ] Carer representative |
| **Would you require support or reasonable adjustments to enable you to carry out this role?**Yes / No (delete as applicable). If yes please explain:**Do you have access to and the ability to use telephone, email and the internet to communicate and take part in training, meetings and receive information?** Yes / No (delete as applicable). If no, please explain:  |
| **Are you able to commit to the time commitment outlined for this opportunity?**Yes / No (delete as applicable). Please advise of any limits on availability:  |

All members will be asked to declare any Conflicts of Interest before each meeting. A conflict of interest occurs when an individual's personal interests – family, friendships, financial, or social factors – could compromise his or her judgment, decisions, or actions as a member of the advisory group.

**Skills and Experience** – please ensure you have read the skills and experience required for this role as specified in the Information pack.

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| **Please tell us why you decided to apply for this role? (maximum of 250 words)** |
| **Please tell us about any other experience or skills you have which would support your application. You should refer to the required skills and experience outlined in the information pack. (maximum of 250 words)** |
| **How did you find out about this opportunity?** ☐ PCC newsletter☐ HSC website☐ Social media☐ Word of mouth☐ Engage (PHA) ☐ Community/Voluntary group☐ Other, please explain: |

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| **Thank you so much for your interest** |