

**Expression of Interest for Patient and Public Involvement
 Adviser (PPI)**

Personal Information			
Surname or Family Name	<input type="text"/>	Title (Mr, Ms, Dr, etc)	<input type="text"/>
Other Names	<input type="text"/>		
Address	<input type="text"/>		
		Post Code	<input type="text"/>
Tel (Home)	<input type="text"/>	Tel (Mobile)	<input type="text"/>
Email address	<input type="text"/>		

Please tick the box which best describes you (✓)

Medical / Healthcare Professional	<input type="checkbox"/>
Academic / Researcher / Scientist	<input type="checkbox"/>
Student	<input type="checkbox"/>
Patient / Carer	<input type="checkbox"/>
Member of the public with an interest in research	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Please tick the research themes that interest you (✓)

- | | | |
|---|--------------------------|-----------|
| Maternity and Child Health | <input type="checkbox"/> | (Theme 1) |
| Prevention and Early Intervention in Youth
Mental Health | <input type="checkbox"/> | (Theme 2) |
| Prevention and Detection (of Diseases) | <input type="checkbox"/> | (Theme 3) |
| Chronic Diseases (Integrated and Holistic
Care) | <input type="checkbox"/> | (Theme 4) |

For more information on our research themes please visit our website at
www.clahrc-wm.nihr.ac.uk

Would you like to be included on our mailing list and participate in discussions to share your points of view on particular health / research topics? (✓)

Yes No

Tell us in no more than 500 words why you would like to be a PPI Adviser on Theme 4 and what contribution you feel you can make in this role?

References

Please provide the details of two referees who will support your application, at least one who must be related to your most recent professional/voluntary activity.

Reference 1	Reference 2
Tel:	Tel:
Email:	Email:
Capacity:	Capacity:
Can we approach referee prior to interview? Yes/No	Can we approach referee prior to interview? Yes/No

Other Information

Please list any other PPI groups or panels you are/have been previously engaged with:

Have you previously had a Disclosure and Barring Service (DBS) check?

Yes / No

Date of DBS:

If you have not previously or recently had a DBS check, please indicated if you are happy for us to proceed with a DBS check before taking up a PPI Adviser position with CLAHRC WM:

Yes / No

Further information can be obtained at: <https://www.gov.uk/disclosure-barring-service-check/overview>

Declaration

Dates I am not available for interview:

I confirm that the information provided on this form is correct and understand that any misrepresentation or omission may render me liable to dismissal from duties if engaged. I understand that the information will be stored in manual and electronic files and is subject to the provisions of the Data Protection Act.

PLEASE NOTE: It is important that people receiving welfare benefits get personalised advice about their own individual circumstances before getting involved and accepting any payments for involvement with our research activities. Please see www.invo.org.uk/posttypepublication/payment-for-involvement for further information and guidance.

Digital signature

Date

On completion of this form, please send:

- By email to Magdalena Skrybant, PPIE Lead: m.t.skrybant@bham.ac.uk
- By post to: Magdalena Skrybant, PPIE Lead, CLAHRC WM, Institute of Applied Health Research, Room 245 Murray Learning Centre, College of Medical and Dental Sciences, University of Birmingham, Edgbaston, Birmingham, B15 2TT

The closing date for applications is Friday 29 July 2016