

**Patient and Public Voice (PPV) Partner
Application Form**



**North West Paediatric Critical Care, Surgery in Children & Long Term Ventilation
Operational Delivery Network**

Thank you for your interest in becoming a PPV Partner with the North West Paediatric Critical Care, Surgery in Children & Long-Term Ventilation Operational Delivery Network (ODN). Please read the Patient Public Voice (PPV) Partners Information Pack before completing this form, to ensure you fully understand the application process, and to determine 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).

Please complete and return this application form to:

Email to:

ODN.Office@mft.nhs.uk please title your email PPV application

Or post to:

Helen Blakesley
 North West Paediatric Critical Care, Surgery in Children & Long-Term Ventilation Operational
 Delivery Network
 ODN Office
 Floor 3, Corbett House North
 Royal Manchester Children's Hospital
 Hathersage Road
 MANCHESTER M13 9WL

ODN PPV Partner applying for	<input type="checkbox"/> Paediatric Critical Care (PCC) <input type="checkbox"/> Surgery in Children (SiC) <input type="checkbox"/> Long-Term Ventilation (LTV) <input type="checkbox"/> Combined PCC SiC LTV
Role	<input type="checkbox"/> Oversight committee <input type="checkbox"/> Governance Board <input type="checkbox"/> Working Group <input type="checkbox"/> Task and finish Group <input type="checkbox"/> Other (please state) _____

Full name:
Title (for example Mr, Mrs, Ms, Miss):
Preferred name:
Are you aged 18 or over? Yes / No (please delete as applicable) If under 18 years old please provide your parent/guardians details:
Address:
Postcode:
Daytime contact telephone number:
Mobile telephone number:

Are you able to access email? Yes / No (please delete as applicable)
If no, please state your preferred method of communication

Email address:

Please select the option that best applies to you. I am a:

- Patient or health service user (current or previously)
- Carer of a patient currently / previously using health services
- Representative of a patient organisation (please state which)
- Other (please state)

Are you able to take part in meetings during the day? Usually this will be between 8am and 6pm.

Yes / No (please delete as applicable).

<Insert details of usual meeting days/times if different to the above>

Do you have any additional needs or need support from the ODN to enable you to participate in meetings? For example; do you require support with: mobility, to access written information.

Yes / No (delete as applicable). If yes, please give details on how we can support you.

How did you find out about this role?

- ODN website
- Advertised on ward/hospital environment
- Social media
- Word of mouth
- Other, please explain:

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:

Are you able to commit to the time commitment outlined in the application pack?

Yes / No (delete as applicable). Comments:

Do you hold any other PPV Partner roles?

Yes / No (delete as applicable). If yes, please provide details:

Please declare any conflicts of interest. A conflict of interest occurs when an individual's personal interests – family, friendships, financial, or social factors – could compromise their judgment, decisions, or actions.

Please tell us how you will represent a variety of patient public voices views to the ODN, beyond your own experiences.

Please tell us about any organisations or networks relevant to health and care that you have an interest in or are a part of and how they would be useful to the ODN.

Please tell us about any experiences you have had in public engagement events or representing patient / carer / voluntary groups.

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.

Please state clearly which role you are applying for on the email **subject tab** when returning your completed application form. If you have any questions about this role or the application, please contact ODN.Office@mft.nhs.uk

Thank you for your application.

