Application Form

Public Members for the Thames Valley & Surrey Secure Data Environment

# Guidance notes

Please read the role description and supporting information before completing this form to ensure you have the time, skills, and experience for the role.

Please also complete and return a [diversity monitoring form](https://thamesvalleyandsurreyhealthandcaredata.nhs.uk/wp-content/uploads/2024/09/TVSSDE-Diversity-monitoring-form-Sept-24.docx).

**Closing date for application:** midday Friday 25th October 2024.

Please send your completed forms to Lisa-Anne Dallas at [community.involvement@healthinnovationoxford.org](mailto:community.involvement@healthinnovationoxford.org).

**Online interview dates:** Tuesday 5th November and Wednesday 6th November 2024.

If you have any questions about the role, please email Siân Rees on [community.involvement@healthinnovationoxford.org](mailto:community.involvement@healthinnovationoxford.org)

# 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). Please include your relationship to them.

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

**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: |
| **How did you find out about this role?** Please select as applicable.  Thames Valley and Surrey Health and Care Data website  Health Innovation Oxford & Thames Valley website  Other website (please specify):  A newsletter (please specify):  Healthwatch  Via a charity  Social media  Word of mouth  Other, please specify: |

# Section two: skills and experience

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| **1: Please tell us why you would like to apply for this role** (maximum 300 words) |
| **2: Please tell us about any organisations or networks, relevant to health and care services, research or data that you are involved with** (maximum 300 words) |
| **3: Please tell about your experience of providing public, patient, carer, or family perspectives. Are you already involved with any specific organisation?** (maximum 300 words) |
| **4: Please tell us about any other experience or skills you have which would support your application** (maximum 150 words) |
| **5: Are you interested in any particular SDE committee? If you are then please tell us why. It is not essential to select a specific committee**. |

# ****Thank you for your application.****