Public and Patient Representative- Application Form

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| Applicant Details | | | | | | | |
| Name: | | Click here to enter text. | | | | | |
| Contact details: | | Email:  Click here to enter text. | | | Tel:  Click here to enter text. | | |
|  | | Address:  Click here to enter text. | | | | | |
| **Age:** | | 18-29 | 30-49 | | 50-69 | | 70+ |
| **Please indicate which of the following best describes you:** (please tick all that apply) | | | | | | | |
|  | Patient  Parent  Member of the public  Voluntary and Community sector staff/trustee | | | Carer (a carer is a relative or friend of someone who due to illness, disability or condition cannot manage without support. This person is unpaid although they may receive State Benefits)  Other (please specify below)  If you selected ‘other’ please use the space below to give more detail  Click here to enter text. | | | |
| **Please select which option describes you best:** | | | | | | | |
|  | Male  Female | | | | | Unspecified  Prefer not to say | |
| **Please select the option which you feel you relate to best:** | | | | | | | |
|  | Asian/Asian British  Black/African/Caribbean/Black British  White | | | | | Mixed/Multiple ethnic groups  Other ethnic group  Prefer not to say | |
| **Do you consider yourself to have a disability?** | | | | | | | |
|  | Yes  No  Prefer not to say | | | | | | |

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| Grow MedTech Involvement and experience to date | | | | |
| **Which health conditions or health service area are you representing / interested in?** (please tick all that apply) | | | | |
|  | Diabetes  Heart and circulatory conditions (eg. high blood pressure)  Mental health  Cancer  Children  Dementia  Muscoskeletal | Older people/healthy ageing  Respiratory (breathing and lungs)  Neurology (brain, spinal cord and nerves)  Infectious diseases  Kidney disease  Skin conditions | | Stroke  Women’s health  Other (please specify below)  Click here to enter text. |
| **Please tick the Grow MedTech Activity you are interested in:** (please tick all that apply) | | | | |
|  | Opportunity Management Panel  Advisory Board | | Technology Development Projects  Unmet Need Innovation Workshops | |
| **Do you have previous experience relevant to any of the activities you have chosen?** *For example experience:*   * + *as an active member of a committee or working group with both professional and public (lay) members (for example, a Research Ethics Committee, Healthwatch Committee, Housing Association Committee or a committee member for a local charity or club)*   + *of assessing complex written documents (for example research applications)*   + *of patient and public involvement in health and social care services and/or research. Please give details of activities, for example, sitting on an advisory group for a clinical trial or helping to design patient information materials for a research study.*   (please use the space below to give more detail) | | | | |
| Click here to enter text. | | | | |
| **Please tick the geographies you would be willing to travel to:** | | | | |
|  | Leeds  Huddersfield  Bradford  Sheffield  York  Other | | | |
| **Please use this box to provide any further information that you think is relevant to your application:** *e.g. an example of your ability to reflect a broad range of patient, service user, carer and public perspectives in addition to your own personal experience. And/or an example of your ability to take part in constructive debate and present your views succinctly.* | | | | |
| Click here to enter text. | | | | |
| **How did you hear about this opportunity?** | | | | |
| Click here to enter text. | | | | |

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| --- | --- |
| **Your declaration:**  I agree to this information being used for legitimate purposes connected with the recruitment and selection process. I declare that the information that I have given is, to the best of my knowledge or belief, true and complete. | |
| Signature: (By hand or electronic) | Click here to enter text. |
| Date: | Click here to enter text. |

**IMPORTANT:**

**I understand that details I submit in this form will be logged on a central CRM database, accessible by a representative from each university partner in the Grow MedTech consortium. This information will be confidential to Grow MedTech, and will not be shared with any other organisation. If at any time, I do not want to receive any information from Grow MedTech about Involvement opportunities I can ask for my details to be removed by emailing** [info@growmed.tech](mailto:info@growmed.tech) **or writing to Sara Liptrot, x101 Medical and Biological Engineering, University of Leeds, LS2 9JT**

*We do not submit your personal data to third parties. This information will be retained for the duration of the programme + 5 years, based on University of Leeds retention schedules.*

Thank you for completing an application form. Please return your completed form as follows:

By email: [info@growmed.tech](mailto:info@growmed.tech)

or

By post:

Sara Liptrot

Grow MedTech

x101 Medical and Biological Engineering,

University of Leeds,

LS2 9JT

If you need any more information or if you have any questions about your application, please contact us by email: info@growmed.tech or telephone: 0113 34 3430933

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