**Practice Publications Group**

**Role: Volunteer Lay Representative**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Tel: |  |
| Email: |  |

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| **How did you find out about this opportunity?** |

Please read the information, role description and person specification before completing this self-nomination form.

The form should be used to provide details about the skills, knowledge and experience that you feel you could bring to the Practice Publications Group (PPG).

The information you provide in this form will not be used for any purpose other than the selection process for PPG volunteer lay representatives.

The boxes below will expand as you type.

**Interests and experience**

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| --- |
| 1. Please outline your interest in/awareness of occupational therapy.
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| 1. Are you an active member of, or employed by, a service user or carer organisation/group?

Yes [ ]  No [ ]  If yes, please name the organisation / group:Is your nomination submitted on behalf of this organisation? Yes [ ]  No [ ]   |
| 1. Do you have a professional health or social care background?

Yes [ ]  No [ ]  If yes, please give brief details: |
| 1. Describe briefly your interest and/or knowledge of producing documents to support best practice.
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| 1. Describe briefly your interest in the improvement of health and social care.
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| 1. We are interested in any examples you can provide of committees or groups you have been a member of to show your ability to contribute to the practice publications group. Please list the group name, your role and contribution to the group, and when you were involved.
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**Other details**

|  |
| --- |
| 1. Please outline any practical support you would require to be able to attend and participate in meetings in London?
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| 1. Please give brief details of any other knowledge, skills or experience that you feel you could bring to the role (for example handling confidential information; communication skills, reviewing professional documents).
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**References**

Please provide details for two people who can provide a reference and comment on your suitability as a volunteer lay representative. These referees will not be contacted unless you are invited to become a lay representative on the Practice Publications Group.

Your referees should not be closely related to you by birth or marriage, be in a relationship with you, or live at the same address.

**Referee 1**

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| --- |
| Name: |
| Address:  |
| Email:  |
| Telephone:  |

**Referee 2**

|  |
| --- |
| Name: |
| Address:  |
| Email:  |
| Telephone:  |

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| --- |
| **Signature** (electronic if available): **Date:**  |

**Please send this completed form, equal opportunities monitoring form and conflict of interest form to:** clare.leggett@cot.co.uk

Closing dates for volunteer self-nominations: 19 August 2016