**Edinburgh Integration Joint Board**

|  |
| --- |
| **About you** |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |  |
| **Phone No:** |  | **Email:** |  |

**Expression of interest in being a carer representative**

|  |
| --- |
| 1. **Why are you interested in being a carer representative?**
 |
|  |
| 1. **Having read the accompanying information pack, please tell us about the experience, skills and qualities you feel you could bring to this role?**
 |
|  |
| 1. **Can you provide a brief summary of when your knowledge of the experiences of unpaid carers has allowed you to give a perspective on a particular issue to a statutory body?**
 |
|  |
| 1. **Please provide a brief example of when you have had to make a decision in the absence of conclusive evidence?**
 |
|  |
| 1. **Can you provide an example when you have had to engage groups / individuals to gain a collective view on a particular issue or topic?**
 |
|  |
| 1. **Please include any other information that you feel is relevant to your application?**
 |
|  |

|  |
| --- |
| **Please provide details of two referees who could support your application for this role** |
|  | **Referee 1** | **Referee 2** |
| **Name** |  |  |
| **Contact address/phone number/email** |  |  |
| **Relationship to you** |  |  |

**I confirm that the information I have provided is accurate and completed to the best of my ability.**

**Signature Date**

Please return the completed form by Wednesday 25 September 2019 by post:

* Angela Ritchie
* Chief Officer’s Officer – Health and Social Care Partnership,
* Business Centre 2.6,
* Waverley Court, 4 East Market Street, Edinburgh, EH8 8BG.

Or via email: EHSCP@edinburgh.gov.uk