**Edinburgh Integration Joint Board**

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

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

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| 1. **Please tell us why you are interested in being a citizen representative?** |
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| 1. **Having read the accompanying information pack, please tell us about the experience, skills and qualities you feel you could bring to this role?** |
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| 1. **Please provide a brief summary on the type of health or social care (or both) services you have direct experience of using?** |
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| 1. **Please give us an example of where your knowledge and lived experience of using health and social care services has allowed you to give a statutory body a perspective on a particular issue?** |
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| 1. **Can you provide a short example where you have had to represent the views of other service users that were different from your own?** |
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| 1. **Please include any other information that you feel is relevant to your application?** |
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| --- | --- | --- |
| **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