**Edinburgh Integration Joint Board**

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

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

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| 1. **Are you interested in being a carer or citizen representative?** |
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| 1. **Why are you interested in being a carer or citizen representative?** |
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| 1. **Please tell us about the experience, skills and qualities you feel you could bring to this role?** |
|  |
| 1. **Please include any other information that you feel is relevant to your application?** |
|  |

Please return the completed form by Sunday 17 September 2023:

Ryan Watson

Edinburgh Health and Social Care Partnership

Business Centre 1.7

Waverley Court

4 East Market Street

Edinburgh EH8 8BG

Or via email: [Ryan.Watson@edinburgh.gov.uk](mailto:Ryan.Watson@edinburgh.gov.uk)