**Edinburgh Integration Joint Board**

**Expression of interest in being a service user**

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

|  |
| --- |
| **Please tell us why you are interested in this role** |
|  |
| **Please tell us about the type of health and social care services you have direct experience of using** |
|  |
| **Having read the accompanying information pack, please tell us about the skills and qualities you feel you could bring to this role** |
|  |
| **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.** |
|  |
| **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 Monday 26 March 2018 to Wendy Dale, Strategic Planning Manager, Edinburgh Health and Social Care Partnership, Level 1/8 Waverley Court, 4, East Market Street, Edinburgh, EH8 8BG. Email:[healthsocialcareintegration@edinburgh.gov.uk](mailto:healthsocialcareintegration@edinburgh.gov.uk)