

Patient & Carer Involvement: NAME OF PROJECT

Expression of Interest Form

This form is intended for electronic completion so the boxes for the responses expand as required. If you wish to complete it by hand, please contact Zereen Rahman-Jennings (contact details in the footer).

PERSONAL DETAILS

(you need to reside in Ealing or be registered with an Ealing GP)

Name (in full)	
Postal address:	
GP practice at which registered	
E-mail address:	
Landline telephone number:	
Mobile telephone number:	
Best method of communication:	
Please select one:	<input type="checkbox"/> Patient <input type="checkbox"/> Carer <input type="checkbox"/> Both – patient and carer

SKILLS

Patients and carers interested in being involved in this procurement/project should be able to offer the skills and share the experiences outlined below.

Please provide a brief description of how you meet the following requirements.

1) Good understanding of:

- What is important to patients and carers in general.
- What is key to having a positive experience when accessing health services.

Add response here

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2) The ability to:

- Read and understand complex information.
- Consider different options and understand different perspectives.

Add response here

3) The ability to:

- Communicate well with listening skills.
- Take part in discussions and contribute constructively.

Add response here

4) The ability to maintain boundaries and not allow personal experiences and outside knowledge to cloud decision making.

Add response here

5) The ability to think about services in the context of other healthcare provision in the local area.

Add response here

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- 6) An understanding of the current financial constraints faced by the NHS and how they affect service development and delivery.

Add response here

EXPERIENCE

- 7) Please describe any previous or current projects or work streams you have been/are involved in as a patient or carer. Tell us about the role and your contribution.

Add response here

- 8) Please state if you are a member of Healthwatch or another voluntary sector organisation and how you contribute to their work.

Add response here

ADDITIONAL INFORMATION

- 9) Please explain your reason for wanting to be involved in this opportunity and what experience and perspective you would bring.

Add response here

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SIGNED:

(Either add an electronic signature or type your name)

DATED:

Please email this completed form to boba.rangelov@nhs.net