# Patient and Public Voice (PPV) Partner

**North West, North Wales and Isle of Man Congenital Heart Network (NW CHD Network)**

# Application Form

Before completing this application form please make sure:

1. You have read the document that explains all about the role of the PPV partner.
2. Have had an informal chat with the Lead Nurse for the Network to help answer any questions that you may have. If you have not done this yet please arrange to speak to Linda Griffiths (Lead Nurse) via the contact details below:

Email: linda.griffiths@alderhey.nhs.uk

Mobile: 07790976864

All the information you provide on this form is confidential and will not be passed on without your permission. The NW CHD Network is hosted by Alder Hey Children’s Hospital and complies fully with current Data Protection and Freedom of Information.

**Contact Information**

|  |  |
| --- | --- |
| Name | Miss Mr Mrs Ms |
| Previous Names |  |
| Address |  |
| Postcode |  | Date of Birth |  |
| Daytime Telephone |  | Mobile Telephone |  |
| Email |  |

|  |
| --- |
| Person to Notify in Case of Emergency |
|  |
| Name |  |
| Address |  |
| Post Code |  |
| Daytime Telephone |  | Mobile Telephone |  |
| E-Mail |  |
| Relationship  |  |

**References:**

Please provide references. This needs to be someone who has known you for at least two years. These people must not be related to you but could be from various aspects of your life, such as school, work, volunteering, or faith-based organisations for example.

|  |
| --- |
|  **Reference 1 Reference 2** |
| Name |  | Name |  |
| Address |  | Address |  |
| Post Code |  | Post Code |  |
| Occupation |  | Occupation |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| How does the person know you |  | How does the person know you |  |
| How long known |  | How long known |  |

**Please tell us why you would like to become a PPV Partner for the NW CHD Network:**

In accordance with the 1998 data protection Act it is agreed that The North West Congenital Heart Disease Network may hold and use personal information about me for reasons pertaining to the role of PPV Partner and to enable the Network to keep in touch with me. This information can be stored in both manual and /or computer form, including the data in section 2 of the Data Protection Act 1998.

I have, to the best of my knowledge, no infective illness or condition which could harm patients with whom I may come into contact.

I understand that the Rehabilitation of Offenders Act 1974 (Exceptions) Order requires me to declare any criminal convictions whether ‘spent’ or ‘unspent’ before I can work with vulnerable groups in a voluntary service capacity and that any such offences must be declared as part of a Disclosure and Barring Service (DBS) check. This means that if I have ever been cautioned or convicted of any offence within my lifetime, I will have to declare it.

I understand that during my role as PPV Partner, I may have access to information designated by the Trust as being of a confidential nature. I must not share this information either verbally or by writing about it without prior written consent of the Trust.

I undertake to conduct myself in a responsible manner whilst working as a PPV Partner for the Network. I will follow Alder Hey Trust values as the host organisation and I will at all times serve patients and families by maintaining good relationships with everyone I meet.

If I use or disclose confidential information, it will be regarded as a serious disciplinary matter and I may be personally liable under provisions of the Data Protection Act.

**Nationality and immigration status**

|  |  |  |
| --- | --- | --- |
| Are you a United Kingdom (UK) or European Community (EC) or European Economic Area (EES) Nationality?  | Yes | No  |

Not all visas allow you to volunteer. Please supply details of any visa currently held, including number, start/expiry date and details of any restrictions. Please confirm that the visa allows you to volunteer (if in doubt you should check with the UK Border Agency)

|  |  |
| --- | --- |
| Signature: | Date: |

**Equal Opportunities**

It is the policy of NW CHD Network to provide equal opportunities to all including diverse groups protected from discrimination under the Equality Act 2010 including: Age, Disability, Ethnicity, Sex, Relationship Status, Gender Identity, Religion, and Sexual Orientation. The Trust aims to ensure all diverse groups feel able to be involved in all aspects of its work. Please help us by completing the attached Diversity Monitoring Form which will be kept separate from your personal information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you consider yourself to have a disability? Yes No** **Please circle as appropriate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning Difficulty or Disability  | Mental or emotional Distress  | Other  | Physical Impairment  | Sensory Impairment  |

**Please give details including any access needs, adjustments or support needs**

|  |
| --- |
| Comments:  |

 |
| **Sex (please circle as appropriate) Male Female****Please circle as appropriate**

|  |  |  |
| --- | --- | --- |
| **White** | **Mixed** | **Black or Black British** |
| BritishIrishAny Other White Background | White & Black CaribbeanWhite & Black AfricanWhite & AsianAny Other Mixed Background | CaribbeanAfrican Any Other Black Background |
| **Asian** | **Other Ethnic Group** | **Not Declared** |
| IndiaPakistaniAny Other Asian Background | ChineseAny Other Ethnic Group | I do not wish to disclose my ethnic group |

 |  |  |

To ensure that we reflect the communities that we serve, please consider completing the following:

**Religion and language:**

|  |  |
| --- | --- |
| Religion: | Prefer not to say: |
| First Language: |

**Sexual Orientation**

**Please circle as appropriate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gay** | **Transgender** | **Heterosexual/Straight**  | **Lesbian** | **Other** |