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| ConnectED | Connecting Evidence with Decision-Making |

# Application FORM

## Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |

|  |  |
| --- | --- |
| Phone number(s) |  |

|  |  |
| --- | --- |
| Email address |  |

|  |
| --- |
| I am interested in being: |

|  |  |  |
| --- | --- | --- |
| A member of the Experts by Experience Panel | YES | NO |

|  |  |  |
| --- | --- | --- |
| A member of Service User and Carer Advisory Group | YES | NO |

**Experts by Experience**

If you are interested in becoming a member of the Experts by Experience Panel, please answer the first four questions

## The boxes will expand to fit what you want to say

|  |
| --- |
| 1. **Why do you want to be included in research? (your interests, skills, experience of doing or using research?)** |
| **ANSWER:** |
| 1. **What would you like to contribute to the research team’s work?** |
| **ANSWER:** |
| 1. **What training, if any, do you think you would need?** |
| **ANSWER:** |
| 1. **Do you belong to any specific voluntary sector groups, campaigning / pressure groups or charities?** |
| **ANSWER:** |

**Service User and Carer Advisory Group**

If you are interested in becoming a member of the Service User and Carer Advisory Group, please answer the next three questions

|  |
| --- |
| 1. **What is your experience of contributing to meetings?** |
| **ANSWER:** |
| 1. **What is your experience of asking** **questions if you don’t understand something?** |
| **ANSWER:** |
| 1. **What is your experience of working with people at different levels in an organisation’s hierarchy?** |
| **ANSWER:** |

**Equality and Diversity Questions**

**Gender**

**Ethnicity**

**Sexuality**

**Age**

**Area of life where you have received support, or cared for someone who has:**

* **Learning disability**
* **Dementia**
* **Older people’s care**
* **Mental health**
* **Physical disability**
* **Any other services**

***Please tick all that apply***