

Advisory Group: Patient Representative Application Form

Thank you for your interest in becoming an Advisory Group Patient Representative.

• This role is open to patients and carers/family members of patients who have received services from a transplant unit in the UK.

This form will help us to understand why you want to be a Patient Representative and your skills and experience that you could bring to the role.

Once you have completed the form we'll review your application and, if successful, we'll invite you for an informal online interview to learn a bit more about you, your interest and experience.

Section 1: - About You:

First Name:

Last Name:					
Current Town/City:					
Email Address:					
Contact No:					
Section 2: – Transplant Please could you define Services?	Services Information: how you have encountered NHS Blood & Transplant/Transplant				
Have you had/are you:					
Had a transpla	Had a transplant assessment:				
On the waiting	On the waiting list for transplant:				
Post Transplar	Post Transplant:				

A relative of a transplant patient/recipient?

A carer of a transplant patient/recipient?

Section 3: - Your Experience:

Please use this section to demonstrate how you meet the Skills and Qualifications required for this role. (There is a 4000 character word limit)

Essential Criteria:

- You must have a desire to improve quality and influence change in transplantation.
- You should be interested in questioning information and explanations supplied by others, who may be experts in their field and to challenge constructively.
- You should be able to consider issues from the perspective of the wider population
- You should have good communication skills and feel comfortable sharing your views.
- Personal integrity and awareness when dealing with issues where there could be potential conflicts of interest.

Non-Essential Criteria:

- Comfortable communicating over email and using computers.
- Have an understanding of equality and diversity issues.

Applicant Signature:			
Date:			

Instructions for completing the Patient Representative Application Form:-

Questions about the Role:

If you have any questions or would like to find out more about this role, please don't hesitate to get in touch with us by emailing: MDOfficePAs@nhsbt.nhs.uk.

Online Application:

Please could you send your completed application via email to: MDOfficePAs@nhsbt.nhs.uk

Paper Application:

If you would prefer to complete your application on paper you can do so and either scan and send it via email to: MDOfficePAs@nhsbt.nhs.uk, or post it to:

FAO: MD Office PAs

OTDT Office – NHS Blood & Transplant Unit D, Capitol Way, Dodworth, Barnsley, South Yorkshire, S75 3FG

Video Application:

If you would prefer to record and send a video, instead of filling out the form, please send your video via email to: MDOfficePAs@nhsbt.nhs.uk.

For Information:

NHS Blood and Transplant - Privacy Policy:

For more information re NHS Blood and Transplant (NHSBT) Privacy Policy, please visit the website pages via the link below:

https://www.nhsbt.nhs.uk/privacy/