

**Northern Burn Care Network**

**Patient and Public Voice (PPV)  
Northern Burn Care Network**

**APPLICATION FORM**

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| **Title (Mr, Mrs, Miss, Ms. etc)** |  |
| **Surname** |  |
| **First Name(s)** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Preferred telephone number(s)** |  |
| **Email** |  |

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| **Have you any experience of working as a PPV representative?** | **Yes ⬜** | **No ⬜** |

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| **If yes, please give details:** |

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| **Please tell us why you want to be a PPV representative in the Northern Burn Care Network?** |

**REHABILITATION OF OFFENDERS**

Applicants should note that the NHS is exempt from the provisions of Sections 4(2) of the Rehabilitation of Offenders Act 1974. This means applicants are not entitled to withhold information about convictions which for other purposes are “spent”, under the provisions of the Act. If you are accepted to be a Patient and Public Representative and fail to disclose such convictions, this could result in your removal as a Patient and Public Representative. Any information given will be completely confidential and will be used only in determining whether involvement in a particular aspect of the NBCN is appropriate.

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| **Do you have any criminal convictions?** | **Yes ⬜** | **No ⬜** |

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| **If yes, please give details:** |

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |