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**Application Form: PSPA Services Committee**

We hope you find this process simple, but if you need any help with filling in the form, please email carol.amirghiasvand@pspassociation.org.uk or call on 01327 356137.

* At PSPA we involve people from all backgrounds, ethnicities, and age groups. We welcome people to apply for our patient involvement opportunities, which include the Services Committee and expect everyone to work with and respect others’ experiences and needs.
* We may receive more applications for our patient involvement roles than we have spaces available, so we would like to know a bit about you and your experience. To be fair to applicants, we will assess candidates based on the requirements of the role profile. The information you share in your application will help us in making shortlisting decisions. There are no right or wrong answers. Please answer to your best ability.
* We will keep your information safe and we will never share your information with a third party. Our privacy policy can be found

**The suggested word limit for each question is about 200 words.**

Please complete the form below and email it back to us at volunteering@pspassociation.org.uk

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| **PERSONAL DETAILS** |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| **CONTACT INFORMATION** |
| Address |  |
| Postcode |  |
| Phone Number |  |
| Mobile |  |
| Email  |  |

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| **PSPA EXPERIENCE** |
| [ ]  I have a diagnosis of PSP[ ]  I have a diagnosis of CBD[ ]  A family member/friend has a diagnosis of PSP[ ]  A family member/friend has a diagnosis of CBD[ ]  I am a health professional – Job title[ ]  I am a former carer of someone with PSP[ ]  I am a former carer of someone with CBD |
| **PSP/CBD EXPERIENCE** |
| Please tell us a bit more about your experience of PSP/CBD:  |
| ABOUT YOU |
| 1. Why are you interested in the role?
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| 1. It’s important that our group work well together. Could you give us an example of a time when you’ve shown:
2. Good communication skills
3. Your ability to give constructive feedback
4. Your ability to work well as part of a group
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| 1. Each person’s PSP/CBD experience is different and may vary on their age, where they live, culture, lifestyle etc. Which aspects of PSP/CBD are you particularly interested in and why?
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**What happens next?**

We will review your application and will be in touch with you to let you know the outcome of your application. In the meantime, if you have any questions please get in touch.