

Patient and Public Voice (PPV)
SWUK Burn Care Operational Delivery Network

APPLICATION FORM

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

Have you any experience of working as a PPV representative?

Yes

No

If so, please give details:

Please tell us why you want to be a PPV representative with the SWUK Burn Care ODN?

Do you have a clean full driving licence? Yes No N/A

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 SWNODN is appropriate.

Do you have any criminal convictions? Yes No

If Yes, please give details:

Signature	
Date	