

## Clinical Senate Assembly Member application information

Thank you for applying for membership of the East of England Clinical Senate Assembly.

Please provide the following information which will enable us to keep in contact with you and also to help identify appropriate people to invite to be a clinical review panel member. Your information is for our records only and will not be shared with any other individuals, bodies or organisations.

You will find general information on our website [www.eoesenate.nhs.uk](http://www.eoesenate.nhs.uk) and, if prefer, you can complete this form on line via our website at <http://www.eoesenate.nhs.uk/senate-assembly/applying-membership-senate-assembly/>

A copy of the role description can also be found on that page.

If you have any questions, please email us at [england.eoeclinicalsenate@nhs.net](mailto:england.eoeclinicalsenate@nhs.net)

Thank you, we look forward to hearing from you

<b>About you</b>	
<i>Please tell us your name, title, clinical background and the county in which you work</i>	
First Name	
Preferred Name	
Last Name	
Title (Dr, Mr, Mrs, Miss, Prof etc)	
For clinician applicants: please tell us clinical background (e.g. Nurse, Dr, Patient, Public, AHP, Paramedic) and provide your professional registration reference.	
For NHS and social care employee applicants working in a non-clinical role (e.g. Commissioners, managers, social workers) please provide any areas of expertise and interest	
For Patient / Public / Expert by Experience applicants, please tell us of any areas of clinical interest	
County – Location of employment or residence if patient/public member <i>(this information helps us to manage any conflicts of interest for clinical review panels)</i>	

### How we can contact you

*We make all our contact with Assembly members by email. If you have a secure (N3 i.e. NHS) email address, please provide that.*

Primary email address (preferably secure NHS email address)	
Secondary email address (i.e. home address, you do not need to complete this if you prefer to have your work address)	
Telephone number (work) Or home if patient / public member	
Mobile telephone number	
Home address for <b>patient/public (only)</b> This is optional – we ask for this so that we can post any papers for meetings	

### A bit about your work

*Please tell us who you work for and your clinical background and area of expertise – this will help us identify the most appropriate people to invite to be a clinical review panel member. Please note that you do not represent your employing organisation if you are a clinical review panel member, you are there for your own expertise and knowledge.*

Employing organisation/name	
Employer address	
Your job title / role	
Main clinical area employed to work in: (e.g. A&E, anaesthetics, cardiology, child health, community, dietetics, elderly care, gynaecology, haematology, maternity medicine, occupational therapy, oncology, ophthalmology, orthopaedics pathology, psychiatry, radiology, surgery, urology)	
Further clinical area employed to work in: (e.g. critical care, chemotherapy, dermatology, diabetes, ENT, fertility, neonatal, neurology, nephrology, pain management, palliative care, radiotherapy, respiratory medicine, rheumatology, stroke services, theatres, trauma, vascular)	
Other areas of clinical expertise, experience or interest	

<b>Clinical Senate Review Panels</b>	
<i>Please note that by agreeing to be contacted for a clinical review panel, you are not committing to it! We will always provide plenty of information and support for our clinical review panel members</i>	
Previous clinical review panel member – yes/no	
Agree to contacted to be a clinical review panel member – yes/no	
<b>Any special requirements</b>	
<i>This information helps us prepare if you are a clinical review panel member or attend any of our meetings or events</i>	
Any dietary requirements if attending events	
Access assistance/requirements if attending events	
<b>Any other relevant information</b>	
<i>Please feel free to provide any other information you think it would be useful for us to know in relation to identifying people to invite to be clinical review panel members</i>	

**Note to patient / public / expert by experience applicants.**

*Please do not be put off applying by the clinical bias of the questions above. This is to help us getting the right type of clinicians onto panels. We feel that the knowledge and experience of patient / public / expert by experience members covers most panels and will always talk to you first.*

Please email your completed application form to [england.eoeclinicalsenate@nhs.net](mailto:england.eoeclinicalsenate@nhs.net).

If approved, your membership of Assembly will be confirmed by email.