**Clinical Senate Council Application Form**

**(Closing Date: 17.00 on Monday, 31st October 2022)**

Thank you for applying to join the East of England Clinical Senate Council.

General information on the Clinical Senate can be found on our website: [www.eoesenate.nhs.uk](http://www.eoesenate.nhs.uk)

If you would like more information prior to applying, we will be running MS Teams events to provide you with more information. If you would like to attend please click on the date below to book your place:

[18 October 5.30-6.30pm](https://www.events.england.nhs.uk/events/eoe-clinical-senate-recruitment-information-event) [25 October 1-2pm](https://www.events.england.nhs.uk/events/eoe-clinical-senate-recruitment-information-event-25-october)

However, you can also email us at england.eoeclinicalsenate@nhs.net if you have any questions.

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| **Contact Details**  |
| Title (Dr, Mr, Miss, Prof etc) |  |
| First Name |  |
| Last Name |  |
| Primary email address (preferably nhs.net or a secure nhs.uk account) |  |
| Secondary/Private email address(optional) |  |
| Work Telephone No |  |
| Mobile Telephone No |  |
| Home Telephone No **(Patient/Public members only)** |  |
| Home Address **(Patient/Public Members only - required for the posting of papers)** |  |
| County – Location of employment or residence of patient/public member*(this allows us to manage geographic conflicts* *of interest for Clinical Review Panels)* |  |

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| **Experience*****Members contribute their professional/personal expertise/ knowledge and do not represent their employing organisation or professional body.*** |
| Employing Organisation |  |
| Employer Address  |  |
| Job Title/Role  |  |
| Clinical Background & Professional Registration No (e.g. Dr, Nurse, AHP, Paramedic)  |  |
| Main Clinical Area of Work(e.g. age-related care/setting) |  |
| Other Areas of Clinical Expertise, Experience or Interest(e.g. Network Memberships/Mentoring) |  |
| **Non-Clinicians** | **Areas of Interest / Experience** |
| **NHS/Local Authority Applicants**(e.g. NHS Managers, Social Workers) |  |
| **Patient/Public/Expert by Experience Applicants**(e.g. lived experience as a patient/carer) |  |
| **Supporting Statement*****Please describe the key skills and experience which you are able to bring to the Clinical Senate Council and your reasons for applying.***  |
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| **Do you give the East of England Clinical Senate permission to hold your personal data in our records?** | Yes / No |
| **Do you give the East of England Clinical Senate permission to contact you via email?** | Yes/ No |
| Date of Application |  |

***Note to Patient / Public / Expert by Experience Applicants****.*

*Please do not be put off applying by the clinical bias of some of the questions above. The input of patient / public / expert by experience members is always welcomed and valued.*

**Shortlisted candidates will be invited for interview by Friday, 11th November 2022 and Interviews will be held on 6 December at a venue to be confirmed in Cambridge. (Please note this date if you decide to apply.)**

**Please email your completed application form to** england.eoeclinicalsenate@nhs.net

**by 17.00 on Monday, 31st October 2022**