**Clinical Senate Assembly Application Form**

Thank you for your interest in 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 help us identify and invite people with the appropriate skills and experience to join a particular Clinical Review Panel or working group. Your information is for our records only and will not be shared with any other individuals, bodies or organisations.

This form can also be completed on-line via <http://www.eoesenate.nhs.uk/senate-assembly/applying-membership-senate-assembly/> and a copy of the role description can also be found on that page.

Further general information can be found on our website: [www.eoesenate.nhs.uk](http://www.eoesenate.nhs.uk) but if you have any questions, do please email us at [england.eoeclinicalsenate@nhs.net](mailto:england.eoeclinicalsenate@nhs.net)

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| **Contact Details** | |
| Title (Dr, Mr, Miss, Prof etc) |  |
| First Name |  |
| Last Name |  |
| Primary email address  (preferably @nhs.net or 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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| **Relevant Experience**  ***Clinical Review Panel and/or working group members are invited for their professional / personal expertise and 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 specialty, 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) |  |

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| **Clinical Senate Review Panels**  ***By agreeing to be contacted as a potential member of a Clinical Review Panel you are not committing to joining it and we will always provide the information, guidance and support needed.*** | |
| Previous Clinical Review Panel Member | Yes / No |
| I would like to be contacted as a potential Clinical Review Panel Member | Yes / No |
| **Supporting Statement**  ***Please provide any other information you think it would be useful for the Clinical Senate Team to know.*** | |
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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 the questions above which will help the Senate invite suitable clinical specialists to join Clinical Review Panels. The knowledge, experience and input of patient / public / expert by experience members is always welcomed and we would be happy to talk to you before you commit to joining a Panel or working group.*

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

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