Application to become a Maternity Voices Partnership Chair

# Guidance notes:

Please read the **application information pack** before completing this form, to ensure you fully understand the application process, and to determine whether you have the skills, experience and time to become an MVP chair.

Please submit only one application form for each person.

You can either apply yourself, or on behalf of another person (with their agreement).

The closing date for applications is **Sunday 13th September, 11.59pm**.

You can apply by completing this application form **OR** submitting an application via video recording (of no more than 7 minutes in length). If you would like to submit an application via video, please ensure you answer the questions included in the application form in your video and provide your full name, contact details and references via email along with the Equal Opportunities Monitoring Form. Please share your video with us using a file sharing website such as Google Drive, Dropbox etc.

Please submit your application, along with the **Equal Opportunities Monitoring Form** to:

**Via email (preferred) to** matvoicesgmec@gmail.com **or by post to:**

**FAO: Kylie Watson, Consultant Midwife,
c/o Kathryn Birds
3rd floor management offices
Saint Mary’s Hospital
Oxford Road
Manchester
M13 9WL**

# About you:

|  |
| --- |
| Full name:  |
| Title (for example Mr, Mrs, Ms, Miss): |
| Preferred name: |
| **Are you aged 18 or over?** Yes / No (please delete as applicable) |
| Address: |
| Postcode:  |
| Daytime contact telephone number: |
| Mobile telephone number:  |
| Email address:  |
| **Are you able to access email?** Yes / No (please delete as applicable)If no, please also state your preferred method of communication. |
| Please select the option that best applies to you. I am a: ☐ Patient or health service user (current or previously) ☐ Carer of a patient currently / previously using health services ☐ Representative of a patient organisation (please state which)☐ Other (please state) |
| **Are you able to take part in meetings during the day? Usually this will be between 8am and 6pm**Yes / No (please delete as applicable or provide details). |
| Do you have any additional needs or need particular support to enable you to participate?Yes / No (delete as applicable). If yes, please explain. |
| How did you find out about this role? ☐ Community Explorers newsletter☐ Maternity Voices website☐ Social media☐ Word of mouth☐ Other, please explain:  |
| Are you able to use telephone, email and the internet to communicate and take part in meetings? We want to make our meetings as inclusive as possible so please let us know if you have any training or support needs.Yes / No (delete as applicable). Comments:  |
| Are you able to commit to the time commitment outlined in the application pack?Yes / No (delete as applicable). Comments:  |
| Do you hold any other Patient and Public Voice (PPV) Partner roles with NHS England? Please note that NHS England PPV Partners can hold a maximum of three roles that attract an involvement payment at any one time, and a maximum of five roles that do not attract a payment. Yes / No (delete as applicable). If yes, please provide details:  |
| Which MVP would you like to chair? ☐ Saint Mary’s Oxford Road Campus☐ North Manchester General Hospital☐ Wythenshawe |

# Skills and experience

You should refer to information provided in **page 5** of the **Application Information Pack** before completing this section.

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| Please tell us why you would like to apply for this role (we suggest you do this in about 100 words). |
| Please tell us about any organisations or networks relevant to health and care services that you have an interest in or are a part of (we suggest you do this in about 100 words). |
| Please tell us your experience of giving a service user voice perspective (we suggest you do this in about 200 words). |
| Please tell us about any other experience or skills you have which would support your application. You should refer to the 'recommended skills and experience' section of the information pack and role description (we suggest you do this in up to 300 words). |

# References

Please provide us with two references who can confirm your ability to undertake this role. Please include the name, job title, address, telephone number and email address of both of your referees.

|  |  |
| --- | --- |
| Reference 1 |  |
| Reference 2  |  |

**Thank you for your application.**

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matvoicesgmec@gmail.com **or by post to:**

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