

Service User Voice Application Form

Your Contact Details

Title	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Address	<input type="text"/>
Email Address	<input type="text"/>
Mobile Number	<input type="text"/>
Home Number	<input type="text"/>

About you

Why would you like to join Service User Voice?

To help improve services	<input type="checkbox"/>	To meet new people/make friends	<input type="checkbox"/>
It will keep me active/busy	<input type="checkbox"/>	To help me learn new skills and experiences	<input type="checkbox"/>
It's something enjoyable to do	<input type="checkbox"/>	To support other people	<input type="checkbox"/>
I would like to give something back	<input type="checkbox"/>	I'd like to support the community by donating my time rather than money	<input type="checkbox"/>

Tell us about yourself

Why do you want to join Service User Voice? What are your hobbies and interests? What would you bring to this role?

References

Please give details of two people who we can approach for a character reference. They should not be a relative and should be someone that has known you for at least 12 months.

Reference 1:

Full name	<input type="text"/>
Address	<input type="text"/>
Email Address	<input type="text"/>
Contact number	<input type="text"/>
Relationship to person	<input type="text"/>

Reference 2:

Full name

Address

Email Address

Contact number

Relationship to person

Other information

Do you work for one of our corporate partners?

Yes if yes, which corporate partner?

No

How old are you?

Under 16 16-17 18 or over

Where did you hear about us?

Thank you for your interest in volunteering with City Health Care Partnership.

By submitting this form, you agree for us to record your details on our database, so we can provide you with the best possible support every time you contact us. We will use your details to get you started in a volunteer role, and to support you in your volunteering role.

Please return your completed form to:

The Engagement Team
City Health Care Partnership CIC
5 Beacon Way
Hull
HU3 4AE
01482 236809
E: chcp.engagement@nhs.net

