**Integrated Care Partnerships**

**Service User and Care Representative – Expressions of Interest**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am interested in the role of: service user representative □

 carer representative □

The service area that I have experience of is: *(please tick as many as are relevant)*

Respiratory services □

Stroke services □

Diabetes services □

Palliative and End of Life Care □

Services for older people □

Any other comments/information:

Please let us know if you have any particular support needs to enable your involvement eg: access requirements, dietary requirements, support for a sensory impairment etc

Date:

Please complete this form and return to:

Anne Marie O’Boyle

Northern ICP Business Manager

anne-marie.oboyle@hscni.net

or call 07792 927695 to discuss further.