

Integrated Care Partnerships

Service User and Care Representative – Expressions of Interest

Name:

Address:

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.