

**Application -**

**East Lothian Integration Joint Board (IJB) Carer Representative Role**

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| --- | --- |
| **Name:** |  |
| **Address and Postcode:** |  |
| **Phone No:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Please say why you are interested in the Carer Representative Role.** | |
|  | |
| **Please say what experience you have as a carer.** | |
|  | |
| **Please describe the skills and qualities you would bring to the role.** |
|  |
| **Please provide an example of when you have used your knowledge and lived experience as a carer to engage with a statutory body on any issue.** |
|  |
| **Please provide any other information you feel is relevant to your application.** |
|  |

|  |  |
| --- | --- |
| **Please provide contact details of two referees to support your application.** | |
| **Referee 1** | |
| **Name** |  |
| **Contact Address**  **Phone Number**  **Email** |  |
| **Relationship to you** |  |

|  |  |
| --- | --- |
| **Referee 2** | |
| **Name** |  |
| **Contact Address**  **Phone Number**  **Email** |  |
| **Relationship to you** |  |

**I confirm that the information I have provided is accurate and completed**

**to the best of my ability.**

**Signature Date**

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Please return the completed form by close of business on 22nd December 2023 by email to:

[ELHSCP.PATeam@nhslothian.scot.nhs.uk](mailto:ELHSCP.PATeam@nhslothian.scot.nhs.uk)

or by post to:

Fiona Wilson,

Chief Officer East Lothian IJB,

John Muir House,

Brewery Park,

Haddington EH41 3HA