**Expression of Interest – Patient and Community Assurance Group**

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| **Tell us a little about yourself** |
| Name: | Mrs/Mr/Ms/Miss |
| Address: |  | Postcode:  |
| Telephone: | Home: | Mobile: |
| Email address: |  |
| GP Practice |  |

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| **Have you been or are you involved in any patient or service user groups?** |
|  | No [ ]  | Yes [ ]  |
| If yes, please provide details:……………………………………………………………………… |

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| **Please provide a brief summary of any relevant skills and experience you could bring to our group** *(max 400 words)* |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **Declaration of Interest**  |
| Please use this section to declare any interests you may have which are relevant to the North Lincolnshire CCG Assurance Group (Any interests declared will not necessarily impact on your ability to participate in the group. “Interests” include, but are not limited to:* Directorships/Non-Executive Directors in private companies/PLC providing or potentially providing services to or commissioning with the NHS
* Ownership, part ownership of companies/consultancies likely to do business with the NHS
* Shareholdings in businesses likely to do business with the NHS
* A position of trust in a charity/voluntary organisation in health or social care
* A position on a forum or group either within or external to the NHS
* Any organisation or commercial interest contracting for NHS services

Please detail any relevant interests (please feel free to continue on a separate sheet):………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**Please sign and date to confirm all of the above details are correct.**

Signature……………………….

Date…………………………….