| EXPRESSION OF INTEREST: STOCKPORT MENTAL HEALTH and wellbeing PARTNERSHIP LIVED EXPERIENCE C0-CHAIR  |
| --- |
| Section 1: Personal Information |
| Full Name: |
| Phone: | Mobile: |
| Current address: |
|  | Postcode: |
| Email address: |  |
| Employment status: | Choose an item. |
| Section 2: REASONS FOR APPLYING TO BECOME tHE LIVED EXPERIENCE cO-CHAIR  |
| **Please read all the questions in this section before responding** |
| 2.1. Please outline your knowledge of mental health provision in Stockport: |
| Click here to enter text. |
| 2.2. Please outline any experience you have had with the local voluntary, community, faith, and business sector: |
| Click here to enter text. |
| 2.3. Please provide reasons as to why you would like to become the Co-chair of the Stockport Mental Health and Wellbeing Partnership: |
| Click here to enter text. |
| 2.4. Please describe how your lived experience, and voluntary or other personal/professional experience, would enable you to be an effective and valuable member of the Stockport Mental Health and Wellbeing Partnership. Outline any characteristics, qualities or skills you have which you think could benefit the Partnership. [Please refer to the Co-chair of the Stockport Mental Health and Wellbeing Partnership role description included with this form].  |
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| Section 3: DECLARATION |
| Please read the following statements. If you agree with the information and agree to the subsequent checks, please sign and date this form and return it to Healthwatch Stockport: |
| * I have read and understand the information provided within the Lived Experience Co-chair of the Stockport Mental Health and Wellbeing Partnership role description.
* The information I have provided in my application is correct.
* If appointed as the Lived Experience Co-chair of the Stockport Mental Health and Wellbeing Partnership, I am prepared to observe the relevant obligations and rules, act in good faith and in the interests of the Partnership.
* I understand that if appointed as the Lived Experience Co-chair of the Stockport Mental Health and Wellbeing Partnership, my formal appointment will be confirmed subject to receipt of satisfactory outcomes from:
	+ An Insolvency Status Check
	+ A Disqualified Director Check
	+ A Disclosure and Barring Service Check
	+ Feedback from references
 |
| References |
| Please provide 2 references: |
| Referee 1: | Address: | Phone: |
|  |  |  |
| Email: |  |
| Referee 2: | Address: | Phone: |
|  |  |  |
| Email: |  |
| Signature |
| Signature of applicant: | Date: |
| Please return your expression of interest as an email attachment to:info@healthwatchstockport.co.uk **DEADLINE for applications is 5pm Monday 27 November 2023** |
| Office Use: |
| Date Received: |  |
| Acknowledged:  |  |
| Reference: |  |
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