

# ONESTOCKPORT

## Expression of Interest Form

**Paid volunteer opportunity – Community Voice Partnership Co-chair**

**Closing date:** Friday, 3<sup>rd</sup> May, 2024 **Interview date:** Monday, 13<sup>th</sup> May, 2024

Please enter your personal details in the box below

<b>Your Name</b>	
<b>Contact Number</b>	
<b>Email address</b>	

Please answer the two questions below. For each question, please use no more than 300 words.

Send your completed expression of interest by email to [info@healthwatchstockport.co.uk](mailto:info@healthwatchstockport.co.uk). If you can't do this, need help with the process, or just want some more information contact a member of the team at the same email address or call 07871 089 100. You can also complete the application online at [www.healthwatchstockport.co.uk/Feedback-centre](http://www.healthwatchstockport.co.uk/Feedback-centre).

- 1. What is experience do you have of using or accessing health and care services in Stockport?** This may include a family member or someone you care for. You do not need to give sensitive or very personal information, just an overview of the services or organisations you might have used in the past or are using now.

**2. Why do you think you would be suitable for the role of Community Voice Partnership Co-chair?** Using the criteria on the About Your Role information sheet, list some of your relevant skills and experience.

**If there's anything else you would like to say or tell us, please do so in the box below.**