**NHS Forth Valley Pharmacy Practices Committee**

**Public Committee Member** **Application Form**

**Personal Details**

|  |  |
| --- | --- |
| Title: | Mr MrsMs |
| Forename: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Telephone (Daytime): |  |
| Telephone (Evening): |  |

**1. Have you undertaken voluntary work in the last 5 years?**

**Yes**  **No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date/Year** | **Volunteer Role/Title** | **Organisation / Company** | **Brief Description of Role** |
|  |  |  |  |

If you answered **yes** to the above question,please tell us where you volunteered:

**2. Please tell us about any current or previous employment (If applicable).**

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| --- | --- | --- | --- |
| **Date/Year** | **Job Title** | **Company Name** | **Brief Description or Role** |
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**3. Please tell us about any previous experience of working in a group or committee.**

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| --- | --- | --- | --- |
| **Date/Year** | **Role** | **Group/Committee Name** | **Brief Description of Role** |
|  |  |  |  |

**4. Please tell us about any experience that you have of using the health service that might**

**be relevant to this application.**

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**5. Please tell us about any transferrable skills developed through hobbies or interests.**

**e.g non-verbal communication, problem solving etc.**

(please continue on an additional sheet, if required)

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**6. Are there any factors which may affect your availability / ability to undertake duties as a member of the Pharmacy Practices Committee?**

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**7. Please tell us of any assistance you would need to help you undertake your duties as a member of Pharmacy Practices Committee.**

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**8. Why do you wish to become a member of Pharmacy Practices Committee?**

(please continue on an additional sheet, if required)

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**9. What expertise do you feel you would bring to the Pharmacy Practices Committee?**

(please continue on an additional sheet, if required)

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**References**

**Reference 1:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |

**Reference 2:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |

**Declaration**

I confirm that the information given on this form is correct to the best of my knowledge.

**Data protection act statement**

Your personal information will not be distributed to other organisations or individuals outside NHS Forth Valley without your consent. The Pharmacy Practices Committee, as the data controller, will hold your application form on file. Contact details and details of special needs will only be passed to the Pharmacy Practices Committee. These will remain confidential and will only be used for the purpose for which they were supplied unless you give them consent for your contact details to be used for another purpose.

A Public Committee Member is a public appointment, which is of interest to individuals and services within NHS Forth Valley. I understand that if I am appointed my name will be released to NHS Forth Valley for which this group was established to enable me to fulfil my duties as a member.

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| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |