**Practice Participation Group**

**Role: volunteer/Committee Member for the PPG**

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| --- | --- |
| Name: |  |
| Address: |  |
| Tel: |  |
| Email: |  |

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| **How did you find out about this opportunity?** |

The form should be used to provide details about the skills, knowledge and experience that you feel you could bring to the Practice Publications Group (PPG).

The information you provide in this form will not be used for any purpose other than the selection process for PPG volunteers.

**Interests and experience**

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| 1. Please outline your interest in becoming a volunteer for the PPG
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| 1. Are you an active member of, or employed by, a patient of Cheadle Medical Practice ?

Yes ☐ No ☐ If yes, Is your nomination submitted on behalf of this organisation? Yes ☐ No ☐ |
| 1. Do you have a professional health or social care background?

Yes ☐ No ☐ If yes, please give brief details: |
| 1. Describe briefly your interest and/or knowledge of producing help to the PPG.
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| 1. Describe briefly your interest in the improvement of health and social care and improvement to health promotion in our practice.
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| 1. We are interested in any examples you can provide of committees or groups you have been a member of to show your ability to contribute to the practice publications group. Please list the group name, your role and contribution to the group, and when you were involved.
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**Other details**

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| 1. Please outline any practical support you would require to be able to attend and participate in meetings at CMP
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| 1. Please give brief details of any other knowledge, skills or experience that you feel you could bring to the role (communication skills, reviewing documents).
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| **Signature** **Date:**  |

*The information provided in this self-nomination form will be used to assess the nominee’s experience and knowledge for the opportunity. If the nominee is not successful, this self-nomination form will be destroyed.*