**Expression of Interest in becoming a Practice Community Champion**

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| **Name of the Practice you are registered with:** |  |
| **First name:** |  |
| **Last name:** |  |
| **Year of birth:** |  |
| **Home address:** |  |
| **Postcode:** |  |
| **Email address:** |  |
| **Phone number(s):** |  |
| Please tell us a little about why you are interested in becoming a Practice Community Champion. |
| Do you have any requirements to enable you to get involved? (e.g. wheelchair access, sensory support) |
| When would you usually be available to volunteer with the practice? (please tick) 3+ hours a week 1-2 hours a week or less A couple of hours a month |
| It is very important that you are able to take part in both days of our **two day workshop** before becoming a Champion. Please tick to confirm that you are available on both of the following dates:Tuesday 15th January 2019 at 10.00 am – 3.00 pm **and** Wednesday 16th January 2019 10.00 am – 3.00 pm |
| **Information sharing consent**: I agree to the details I have provided in connection with this expressionof interest being shared with my GP practice (please tick) |
| **Please email your completed form to:** **pcchampion@stockport.gov.uk****Or post your completed form to:** Practice Community Champion Programme, Public Health, SMBC, UG Floor, Stopford House, Stockport, SK1 3XE |

**What happens next?**

* A member of the team will get in touch with you to chat about your application.
* Some champion activities may require a DBS (Disclosure & Barring Service) check. If you have any concerns about this, please talk to us when we get in touch with you.