# Imperial College Col.pdfLay partner application

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| **Contact details** |
| First name: |  |
| Surname: |  |
| Email address: |  |
| Address:  | Number:Address 1 (street/building):Address 2 (street):Town/city:Postcode: |
| Landline number: |  | Mobile: |  |
| Date of birth (DD/MM/YYYY): |  |
| Any special mobility or dietary requirements? |  |
| Do you have any health issues we need to be aware of? Any allergies?  |  |
| Next of kin with parental responsibilities (mandatory): | Name:Mobile:Email:Relationship to lay partner:Address if different from above – Number:Address 1:Address 2:Town/city:Postcode: |
|  |  |
| **Identification** |
| Type of ID verified:Next of kin type of ID verified: |  Date: |
| Verified by: |  | Name on ID, if different from above: |  |
|  |  |
| **Interests** |
| General interests: |  |
| Specialist skills:  |  |
| Are you employed by the NHS or does your immediate family have any business with the NHS?  |  |
| Other NHS involvement or volunteering? We welcome this and it’s useful for us to know |  |

**Working with us as a lay partner**

We’re really excited and very grateful you’re willing to give us your time and energy to improve our work. As part of your induction, you will be given a detailed role profile to explain what being a lay partner involves. Any feedback you have on the communications and materials to become a lay partner so we can improve our induction process is very welcomed.

After completing this form, we will have a short telephone interview with you and if we all see this as an appropriate way to get involved, you can attend an induction meeting. You will meet Trust staff and the chair of our strategic lay forum and hear more information about projects and ways of working. This is also give you a chance to ask any questions. Please bring some photo identification with you to this meeting.

In addition to following the role, there are three key areas that we need to lay partners to follow immediately:

1. Being a lay partner involves operating at a strategic level and being a ‘critical friend’ to the Trust to assure we have listened to, understood and responded to what patients and the community want, need and prefer. The foundation of this is a relationship based on everyone being collaborative, kind and solution-focused. As part of this, the project group you join will brief you on the background and challenges.
2. While a lot of the information you may hear is accessible under the Freedom of Information Act, we ask that information is not shared. In some instances, the information may be very sensitive, for example early versions of reports that are not yet published. In this instance, we ask that lay partners are very mindful not to share this information. Lay partners will not have access to any confidential or patient-identifiable information as part of their collaboration.
3. Lay partners declare any of their conflicts of interest. If the lay partner is employed by a business, they should not have any direct links with the Trust as part of their role, for example as a supplier to the Trust. If the organisation has any links with the NHS, clinical commissioning groups or government healthcare establishments in general, these should be declared. They are not usually considered a conflict of interest.

By signing the below, you confirm that you agree to follow these principles.

**Communicating with you**

We would like to send you our bimonthly email newsletter so you can stay up to date with Trust news and events. Please tick here to confirm you’d like to receive it:

Signed:

Name:

Date:

**Parental consent**
We welcome lay partners that are between 16 to 18 years of age and realise they may need extra support and guidance when taking part in projects. We need to make sure people with parental responsibility agree with the details and support the volunteer role with the Trust. Please read and sign the below:

1. I have parental responsibility for the above applicant and give permission for him/her to collaborate with the Trust as a lay partner. I understand this will involve attending meetings and to provide young persons’ views and perspectives on projects. The Trust will also email information and invitations to the applicant so they are kept up to date with the project.
2. I confirm that all relevant health issues are included in this form and the next of kin details are correct.
3. I understand my son/daughter will travel to and from Trust sites to attend the meetings in a way I agree with him/her.
4. I give permission for the Trust to take photos of my son/daughter as part of their involvement and use them as part of evaluation or promotional material.

Signed:

Name:

Date: