**Edinburgh Integration Joint Board**

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| **About you** | | | |
| **Name:** |  | | |
| **Address:** |  | | |
| **Postcode:** |  |  | |
| **Phone No:** |  | **Email:** |  |

**Expression of interest in being a carer representative**

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| 1. **Why are you interested in being a carer representative?** |
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| 1. **Please tell us about the experience, skills and qualities you feel you could bring to this role?** |
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| 1. **Please include any other information that you feel is relevant to your application?** |
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**Signature Date**

Please return the completed form by midnight on Friday 21 February 2020 to:

* Katie McWilliam
* Edinburgh Health and Social Care Partnership,
* Business Centre 1.7,
* Waverley Court, 4 East Market Street, Edinburgh, EH8 8BG.

Or via email: katie.mcwilliam@nhslothian.scot.nhs.uk.