

Experts by Experience Expression of Interest Form

Your contact details:				Your interests:		
<i>Title</i>				Please tell us what type of services to adults you are particularly interested in or have experience of; <i>(please tick)</i> Learning Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Older People <input type="checkbox"/> Other; -----		
<i>First name (s)</i>						
<i>Surname</i>						
<i>Address</i>						
<i>Postcode</i>						
<i>Home telephone</i>				Have you had any experience of? (please tick)		
<i>Mobile phone</i>						
<i>Email</i>				Residential Care		
<i>How would you like us to communicate with you? (please tick all that apply)</i>	<i>Home Phone</i>		<i>Letter</i>		Housing Related Support	
	<i>Mobile</i>		<i>Email</i>		Home Support	
<i>Do you have any special requirements e.g. large print/language?</i>				Domiciliary Care		

We want to make sure everyone can be involved by developing a network of people that reflects our community, to help us please tell us more about you; (please tick)		
Gender	Male	Female
Age	Under 18	18 – 24
	25 – 35	36 – 45
	46 – 55	56 – 65
	Older than 65	

What is your ethnic group?	White/White British	Mixed/Multiple Ethnic Group
	Asian/Asian British	Black/African/Caribbean/Black British
	Chinese	Prefer not to disclose
	Any other ethnic group (Please specify)	

How I want to be involved (please tick all that apply)			
Improving our information		Write for our Newsletter or Website	
Monitoring quality		<i>Please let us know about anything else you might be interested in;</i>	

Thank you for your interest, a member of our team will be in touch with you shortly.

Please return your completed form to:

Experts by Experience

expert.experience@northlincs.gov.uk

01724 297000

**North
Lincolnshire
Council**
www.northlincs.gov.uk