

Northern Ireland Cancer Network
Patient and Public Involvement in Network Groups
EXPRESSION OF INTEREST

Please read the attached cover letter before completing this form as an explanation of the Network groups and contact details for any queries is included within it.
Please complete and return this form by post or email to the NICaN office.
Meetings with the Forum Leads & Regional Co-Ordinator will then be arranged.
PLEASE TICK THE SITE SPECIFIC GROUP YOU WOULD LIKE TO EXPRESS AN INTEREST IN:
Breast Colorectal Gynaecology Haematology Lung
Skin Upper Gastro Intestinal

Title & Name (Mr, Mrs, Ms, Dr. etc)	
Home Address and Tel No.	
E-mail address	
Date of birth	
Working Career/ Occupation (if relevant)	
Membership of organisations, posts held and dates	
Relevant skills and experience. For example, have you been part of any support group or supported anyone on a one-one basis?	Please say here what you believe you are able to bring to the role of Patient and Public Involvement Representative in a Cancer Network group. Highlight the relevant skills and experiences you have gained through your own journey and/or drawing upon the experiences of your immediate family and friends. Employment, voluntary or community activities as well as any professional involvement in a health care profession will also be important here.

<p>relevant skills and experience continued...</p>	
<p>Other interests and activities</p>	
<p>Referee (please provide the name and address of an individual who would be relevant to this application)</p>	<p>How do you know this person (e.g. employer, on same committee, work colleague, personal):</p>
<p>Signed:</p>	
<p>Date:</p>	