

<p>Patient Engagement Forum Application Form Sligo University Hospital</p>

PERSONAL DETAILS

Surname:	First Name:
Postal Address:	
Eircode:	
Date of Birth:	
Email Address:	
Telephone	Home: Mobile:
Occupation:	

ADDITIONAL INFORMATION

Please outline in the following section your interest in participating on this Patient Engagement Forum indicating from what aspect i.e. Patient Services User
Relative of a Service User

Please indicate in the following section what you think you can contribute to this Patient Engagement Forum

What skills, experience and attributes do you feel you can bring to this role?

Do you have any medical condition or illness that might affect your work as a Patient Engagement Forum member? Yes No

If yes, please give details:

Have you been convicted of a criminal offence or are there any charges relating to criminal offences outstanding or pending against you? If so, please give details.	
REFERENCES	
Please supply the name, address and telephone number of two referees (not relative) who have known you for more than two years to whom we may seek a reference.	
Reference (1)	
Name:	
Address:	
Occupation:	
Telephone No:	
Reference (2)	
Name:	
Address:	
Occupation:	
Telephone No:	
DECLARATION	
I declare that to the best of my knowledge and belief, there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of the appointment as a Patient Engagement Forum member at Sligo University Hospital.	
Signed:	Date:

Please return completed application form to:
Ms Deirdre Ward
Quality and Safety Department
Flat 2
Sligo University Hospital
The Mall
Sligo

Mission Statement

Sligo University Hospital is committed to the delivery of a high quality, patient centred service in a safe, equitable and efficient manner. We recognise and value the contribution of each staff member and endeavour to support them in their ongoing development.