**PCPIE Group Expression of Interest Form**

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| **Personal Details** |
| Name |       |
| Address |       |
| Telephone |       |
| Email |        |
| Are you applying as a patient/lay or a clinical candidate? | Patient/Lay [ ]  Clinical [ ]  |
| Would you be interested in the PCPIE Deputy Chair role? | Yes [ ]  No [ ]  |

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| **Please provide a brief description of your interest in joining PCPIE (250 words max)** |
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| **Please provide a short summary of your relevant experience for this role (250 words max)** |
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| **Please provide the details of a personal/professional referee**  |
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**This form should be sent to** **info@niaa.org.uk****. Please also contact us with any queries or to discuss further.**

**Applicants successful at the initial stage may be asked to provide further information and an interview process will be conducted before any PCPIE membership is confirmed.**