**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** |
|  |

**This form should be sent to** [**info@niaa.org.uk**](mailto: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.**