

# REQUEST FOR PATIENT / PUBLIC INVOLVEMENT

Please read the guidelines for completing this form.

**1. Name of group / project:**

**2. Name of Chair and likely membership of group / project:**

**3. What is the role and purpose of the group / project?**

**4. What is expected of patient / carer / public representatives? (e.g role, level of influence)**

**5. How many patient / carer / public representatives do you require?** (A minimum of two representatives is recommended)

**6. Are there any particular attributes / skills required from the representative/s?**

**7. What support and training will be provided for the representative/s?**

**8. What is the expected life span of the group / project?**

**9. What is the expected time commitment of a representative? (e.g. 1 meeting per month, length of meeting, volume of papers to read)**

**10. Where will meetings be held and at what time?**

**11. When will the next meeting be held (if known/appropriate)?**

**12. Your contact details:**

**13. Any additional information:**

**14. Please ensure you can tick ALL three boxes below before returning this form to the Public Involvement Team.**

1. A budget has been identified to reimburse representatives for out-of-pocket expenses in line with the NHS Grampian’s Patient and Public Involvement Expenses Policy.
2. A contact person has been nominated to support the representative/s.
3. The area/s of work which require feedback and input from patients / carers /

public are clear and other methods have been considered.

**15. Date request made:**