



## OCCUPATIONAL THERAPY PRIORITY SETTING PARTNERSHIP STEERING GROUP MEMBERSHIP EXPRESSION OF INTEREST

Applicants must be service users, carers or RCOT members

				<u>-</u>
Service User:	Carer:		RCOT Member:	
Name of Applicant:				
Correspondence Address:				
Post Code:				
Daytime Tel No:		RCOT Member	No (if applicable):	
Preferred Email Address:				
experience as an occupational th occupational therapy services.				

RCOT will destroy the data contained in this form one month after the process is complete.

RCOT will not disclose your personal details to any outside person, organisation or body. Any complaints relating to the processing of your personal data should be addressed to the Data Protection Officer at RCOT.

<b>STATEMENT:</b> Please provide a statement of no more the Steering Group for this Priority Setting Partnership you can provide, highlighting your relevant knowledge,	. Outline your reasons for applying and what you fe
overarching leadership of this project.	
SIGNATURE	
nderstand that being a member of the Steering Group v	will involve participating in monthly meetings of
ich around three will be in person in London, from 10ar econference (maximum of 90 minutes) over a period of	m -4pm approximately, with the rest by
Applicant signature	Date
PLEASE RETURN YOUR APPLICATION	BY EMAIL TO: Project Co-ordinator
Royal College of Occupational The	araniata yyyyyyy @raat aa uk

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