



# Lived Experience Advisory Board Application Form

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Membership No: \_\_\_\_\_

The Lived Experience Advisory Board would like to recruit a diverse mix of people with a wide range of skills to work together to improve the lives of everyone affected by mental illness. The information on this form will help the committee members involved in the recruitment process to decide who is most able to fill Lived Experience Advisory Board vacancies.

If your application is successful, this form will be kept on file during your term of office as a Committee member and for 6 months after the end of your term of office.

*If your application is unsuccessful, this form will be kept on file for 6 Months.*

## **DATA PROTECTION ACT DECLARATION**

Rethink Mental Illness will use the personal information you provide in this form for the purposes of administering your application to become a Lived Experience Advisory Board member.

We may share your information with current Lived Experience Advisory Board members. For more information on how we handle your personal information, please see our privacy policy at: <http://www.rethink.org>

I consent for Rethink Mental Illness to share and store my personal information in accordance with the provisions of the Data Protection Act.

As part of the recruitment process we will share your application information with Committee Members and staff involved in the recruitment process. Please tick to give your consent to sharing the information you give with the committee members involved in recruitment.

**If you need some support to complete this form please contact us at [involvement@rethink.org](mailto:involvement@rethink.org)**



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**Please tell us a little about yourself: You may wish to use the prompts below:**

- **Why you would like to join the Lived Experience Advisory Board?**
- **What skills, experience and or knowledge you can bring?**
- **What you would like from becoming a Board member?**
- **What networks, groups, and forums you are or have been involved with?**
- **What other activities you are or have been involved in?**

Please use the back page if you wish but please write no more than 500 words



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**Do you think you will need any support with the Lived Experience Advisory Board role or attending meetings? Please state briefly the support you may need or contact us to discuss.**

Signed.....

Date.....

Please return this form to:

Eileen Murphy  
Head of Involvement  
Rethink Mental Illness  
Paul's House  
Tower Street  
Somerset, TA1 4BH

Or by email to: [involvement@rethink.org](mailto:involvement@rethink.org)