

SCOPE Health & Social Care Professions Directorate

Patient Representative Group (PRG) Application Form

Thank you for applying to be a member of the SCOPE Directorate Patient Representative Group.
For information on the SCOPE Patient Representative Group and the Selection process,
please refer to the *SCOPE PRG Information Leaflet*.

1. Applicant Contact Details:

Name: _____

Address: _____

Date of Application: _____

Telephone: _____

Email: _____

2. In the past year, have you or a family member attended any of the SCOPE services in St James's Hospital? (circle your answer) Yes / No

Please tick:

I am / was a patient or

I am / was a carer or family member of a patient

If you are a carer or family member, what is your relationship to the patient?

The SCOPE Directorate represents the therapy disciplines of Social Work, Speech and Language Therapy, Clinical Nutrition and Dietetics, Occupational Therapy and Physiotherapy.

3. In the past year, I, or a family member have attended the following services: (Tick all that apply)

- Speech and Language Therapy
- Social Work
- Clinical Nutrition
- Occupational Therapy
- Physiotherapy

Please provide any relevant additional information e.g. in-patient or out-patient service details

4. Please describe your motivation for applying to join the SCOPe Patient Representative Group.

5. What healthcare issues are of special interest to you?

6. Please briefly describe any skills or experience you have that would help you in the role.

7. Have you any medical or accessibility requirements that you wish to inform us of or require assistance with?

8. Please read and tick before signing:

◦ I understand that submitting this application and participating in the selection process does not guarantee membership of the Patient Representative Group.

◦ I understand that prior to joining the SCOPE Patient Representative Group, I must sign a confidentiality agreement.

Applicant's Signature: _____ Date: _____

Print Name: _____

The information provided will only be used for the Patient Representative Group selection process. This information will not be shared with a third party.

Please return the completed form to:

By Email: scopehscp@stjames.ie or

By Post: FAO: Kathleen Gibbons, SCOPE Directorate Office, Occupational Therapy Department, St James's Hospital, James Street, Dublin 8, Ireland