

Application to become involved in update of SIGN guideline on Care of deteriorating patient

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| --- | --- |
| **Name:** |  |
| **Job title (if applicable):** |  |
| **Address:** |  |
| **Phone number:** |  |
| **E-mail address:** |  |
| **Name of nominating organisation (if applicable):**  |  |
| **Named contact from organisation (if applicable):** |  |
| **Address:** |  |
| **Phone number:**  |  |
| **E-mail address:** |  |

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| Which of the following categories is applicable to the applicant? |
| Representative/employee of a voluntary organisation supporting people who use a service which relates to the guideline topic |[ ]
| Has lived experience which relates to the guideline topic (as either a service user/patient/carer of a person) |[ ]
| Other (please specify): |

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| Personal statement: |
| I consent to SIGN sharing my details, with other patient and public involvement staff within Healthcare Improvement Scotland **(Please tick the box)** [ ]  |

Please return your completed form to Karen Graham, Public Involvement Advisor, karen.graham2@nhs.scot by **Friday 25 February 2022**