CHKS Assurance and Accreditation Services

Lay Surveyor Application Form

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| Dear Colleague  Thank you for expressing an interest in becoming a CHKS Lay surveyor for our assurance and accreditation programmes.  To process your application further please complete this form using the drop-down options available.  Please email the completed form to Moyra Amess at [mamess@chks.co.uk](mailto:mamess@chks.co.uk) together with a copy of your CV.  In line with Capita and CHKS confidentiality policies, all information you provide to us will be maintained in the strictest confidence. |

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| Personal Information | |
| Title | Choose an item. |
| If **other,** please state | Click here to enter text. |
| First Name | Click here to enter text. |
| Last Name | Click here to enter text. |
| Address | Click here to enter House Name or Number.  Click here to enter Street Name.  Click here to enter Town/City.  Click here to enter County.  Click here to enter Postcode. |
| Email Address | Click here to enter work email. |
| Telephone Number | Click here to enter number. |

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| Why would you like to become a CHKS Lay surveyor? |
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| What areas within healthcare do you have an interest in? (e.g. medicine, patient experience, surgery) |
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| Are you currently a lay representative for any other review body or healthcare organisation? |
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| If your application is successful in the initial review stage, would you be willing to attend a one day introductory and training seminar? |
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| Supportive Information | |
| Name and contact details of a referee: | Click here to enter name. |
| Click here to enter email address. |
| Click here to enter telephone number. |

If you require any further information please contact Moyra Amess at [mamess@chks.co.uk](mailto:mamess@chks.co.uk)