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**United Against Prostate Cancer (UAPC) Peer Patient Champion**

**Application Form**

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| First Name: |  |
| Surname: |  |
| Home address:  Postcode: |  |
| Email: |  |
| Contact number: |  |

Please tick which of the following apply to you:

|  |  |
| --- | --- |
| Under 50 years of age? |  |
| Family history of Prostate Cancer? |  |
| Of African / African Caribbean ancestry? |  |
| Partner affected by Prostate Cancer? |  |
| None of the above |  |

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| Please tell us why you are interested in becoming a UAPC Peer Patient Champion? |
| Click or tap here to enter text. |

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| Do you have any special requirements to enable you to get involved (e.g. wheelchair access, sensory support etc.)? Let us know if there is anything you would like to chat to us about. |
| Click or tap here to enter text. |

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| What skills and experiences can you offer to the role of a UAPC Peer Patient Champion? |
| Click or tap here to enter text. |

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| What support do you think you’ll need as a UAPC Peer Patient Champion? |
| Click or tap here to enter text. |

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| Commitment and Availability? |
| How much time are you able to commit to being a Peer Patient Champion?  No. of hours per week: 0-3  4-8  9+  Or availability per month:  (e.g. 2 days per month)  Are you able to travel to locations across the East Midlands and East of England to support the role? **Yes  No**  It is very important that you are able take part in our training workshops (to be held online) before becoming a Champion. Please confirm that you would be happy to attend these. (dates to be confirmed)  **Yes  No** |

**Thank you for expressing interest in being a UAPC Peer Patient Champion**

**Please submit your completed application to:** [**uapc@uhl-tr.nhs.uk**](mailto:uapc@uhl-tr.nhs.uk)