**PIONEER Data Trust Committee**

**Lay member application form**

Please return this form to the PIONEER team: pioneer@uhb.nhs.uk.

Do not hesitate to get in touch if you have any questions in the meantime.

**Name:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Email address:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Which of these statements best describes your attitude towards the use of personal data?** (We are looking for people with a range of views, so there is no correct answer to this question)

 I have little concern about how my data is collected and used

I am unwilling for my personal information to be used despite understanding the benefits

I make decisions on whether to share personal information on a case-by-case basis

**Do you have any personal experience of using acute care services (i.e. GP, pharmacy, walk-in centre, ambulance service, hospital A&E) in the Midlands?** Max. 150 words

**Have you ever had any previous patient involvement experience?** (This is not a prerequisite for the role) Max. 100 words

**What is it that interests you about patient involvement?** Max. 100 words