**Centre for Health and Care Equity Community Organisation**

**Delivery Group Application form**

**Help guide the development and delivery of Newham’s Centre for Health and Care Equity**

Thank you for taking time to consider the role of **Centre for Health and Care Equity Delivery Group Community Member.**

Please complete each question below.

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| **What is your name:**  |
| **Where do you live in Newham:**  |
| **Why would you like to be Delivery Group Member** *Max 1000 words*  |
| **What particular perspectives or experiences would you bring to being an Delivery Group member?** *Max 1000 words*  |
| **Please describe any existing links you have with the Council***Max 1000 words* |
| **Are there any specific things you would need to support you being a Board member?***Max 500 words* |