**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.

|  |
| --- |
| **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* |