**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 Voluntary, Community or Faith organisation member.**

Please complete each question below.

|  |
| --- |
| **What is your name:** |
| **What organisation are you part of** |
| **What is your role** |
| **What is your organisation’s average annual turnover for the past 3 years** |
| **Please tell us a bit about your organisation, who you serve / work with in Newham and what you do**  *Max 1000 words* |
| **Why would you like to be a Delivery Group member?**  *Max 1000 words* |
| **What particular perspectives or experiences would you / your organisation bring to being a 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 Delivery Group member?**  *Max 500 words* |