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**Lived Experience Panel Member**

**Referee Details**

**This must accompany your application form.**

Please return to info@healthwatchrochdale.org.uk to later than Monday 15th March 2021.

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| Please give the names, full addresses, phone numbers and relationship to yourself of 2 people (**not family members**) who can provide a reference for you. |
| **Name:****Address:****Tel No:****Email address:****Relationship:****Organisation & Role:****Are we OK to contact this person prior to interview?****YES/NO** | **Name:****Address:****Tel No:****Email Address:****Relationship:****Organisation & Role:****Are we OK to contact this person prior to interview?****YES/NO** |