**A picture containing text, clipart

Description automatically generatedA picture containing graphical user interface

Description automatically generatedLogo, company name

Description automatically generated**

**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.

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