**GLASGOW CLINICAL RESEARCH IMAGING FACILITIES**

**LAY REPRESENTATIVE APPLICATION FORM**

COMPLETED APPLICATION FORMS MUST GO TO - [CRIFDevelopmentApplications@ggc.scot.nhs.uk](mailto:CRIFDevelopmentApplications@ggc.scot.nhs.uk)

**COMMITTEE DETAILS:**

Clinical Research Imaging Facility (CRIF) Approval Group

Delegated by West of Scotland Research Ethics Committee

Expected meeting date: Monthly - Usually the last Tuesday every month

Meeting Duration: 1-2 hours

Volume of activity: maximum of 3 imaging development applications considered per meeting

Location: Online

# PART 1: YOUR PERSONAL DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname:** |  | | | |
| **Forenames:** |  | | | |
| **Title:** |  | |  |  |
|  |  | | | |
| **Home address:** |  | | | |
|  |
| **Postcode:** |  | | | |
| **Home contacts:** | **Phone:** | **Email:** | | |
|  | | | | |
| Work/business address: (if applicable) |  | | | |
| **Postcode** |  | | | |
| **Work Details:** | **Phone:** | **Email:** | | |

|  |  |
| --- | --- |
| **Preferred email address: \*** | **Email:** |

\* Please note that if you are appointed as a member you will need to have access to a confidential email account

**Registration Number** (for registered healthcare professionals only)**:**

**PART 2: CAREER HISTORY**

Please complete the information below on your career history; if you prefer you may attach a CV (maximum four sides of A4). If submitting a CV, it must include details requested under ‘Further information’ below. All applicants must complete Part 2.

|  |  |  |
| --- | --- | --- |
| **Your current/last job title:** |  | |
| **Current/last employing organisation:** |  | |
| **Please give employment dates and responsibilities of role:** | **Dates:** | **Responsibilities:** |
| **Previous roles:**  **Please give job title, employing organisation, employment dates and responsibilities for roles for the past 10 years** | | |
| **Job title and employer** | **Dates to and from** | **Responsibilities** |
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**\*FURTHER INFORMATION**

Please give any further information that is relevant to your application explaining briefly what you are able to offer as a member, highlighting relevant skills. This may include any relevant voluntary work, public service or other experience.

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|  |

**PLEASE CONTINUE ON FOLLOWING BLANK SHEET IF REQUIRED**

**QUALIFICATIONS & RELEVANT TRAINING**

Please detail all relevant academic qualifications and training:

|  |  |  |
| --- | --- | --- |
| **Date** | **Awarding Body** | **Qualification Obtained / Training Attended** |
|  |  |  |
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**PART 3: REFERENCES**

Please give details of two Referees, at least one of whom must be related to your recent professional or volunteer activity. An appointment will not be offered until we have received satisfactory references.

**We will contact your Referees prior to interview unless you request otherwise. Please cross the following box if you would prefer us not to contact your referees prior to interview:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Postcode: |  |  | Postcode: |  |
| Tel no: |  |  | Tel no: |  |
| Email: |  |  | Email: |  |
| How do you know him/her? |  |  | How do you know him/her? |  |
| May we approach before interview? | Yes / No |  | May we approach before interview? | Yes / No |

**PART 4: DECLARATION OF INTERESTS**

Please declare any personal, business or professional interests that have potential to conflict with the purpose, role or remit of a CRIF REC. The purpose of this declaration is to ensure that the functions of the REC can be exercised free of bias that could affect their independence in reaching decisions, and to ensure public confidence in the independence of the REC.

|  |
| --- |
| I have no interests to declare/I wish to declare the following interests:\* |

**PART 5: DECLARATION**

I hereby declare that the information given in my application is correct to the best of my knowledge. I understand that falsification of information contained on this form may result in my appointment being terminated.

# Signature……………………………………………… Date …………………………………

**How did you hear about becoming a CRIF REC Lay Member?**

Please indicate below how you heard about becoming a CRIF REC Member, this information will be useful to the CRIF for future REC Member recruitment campaigns.

|  |  |
| --- | --- |
| **ADVERTISEMENT (PLEASE PROVIDE DETAILS):** |  |
| **NHSGGC WEBSITE** |  |
| **YOUR EMPLOYER** |  |
| **LOCAL / VOLUNTEER ORGANISATION** |  |
| **WORD OF MOUTH** |  |
| **OTHER (PLEASE PROVIDE DETAILS):** |  |