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**Advisory Group Expression of Interest**

Name:

Address:

Phone:

Email:

Why do you want to join the Sight Support’s Advisory Group?

What skills and experience would you bring to the Advisory Group?

Which area of Sight Support or Wiltshire Sight’s work particularly interests you?

Have you used any of Sight Support or Wiltshire Sight’s services in the past 2 years? If so, what?

How did you hear about this vacancy?

Please return this application form to Mike Silvey at mike.silvey@sightsupportwest.org.uk. If you want to find out more, have any queries or would like help completing this form, please also contact Mike.

You can also find out more about Sight Support at [www.sightsupportwest.org.uk](http://www.sightsupportwest.org.uk).

Thank you for taking the time to complete this application.