Lived Experience Advisory Panel Expression of Interest Form

Name:

Address:

Phone:

Email:

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

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

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

Have you used any of Sight Support, Insight Gloucestershire’s 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](mailto: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 us on our shares website at [www.sightsupportwest.org.uk](http://www.sightsupportwest.org.uk).

Thank you for taking the time to complete this application.

# End of document

Tel: 0117 322 4885 Email: info@sightsupportwest.org.uk

As a partnership we provide local services for people living with sight loss across Bristol, Bath & North-East Somerset and South Gloucestershire, Wiltshire and Gloucestershire.

Sight Support West of England is a registered charity: 1178384.

Wiltshire Sight is a registered charity: 1119462.

Insight Gloucestershire is a registered charity 204279.

Registered Office: St Lucy’s Sight Centre, The Beeches, Browfort, Bath Road, Devizes, Wiltshire, SN10 2AT.