**Service User Judge – Application Form**

**Prior to applying you will need to discuss and agree with your clinical team as they will be required to support your application.**

**Your service will need to provide a dedicated member of staff to support you in the role. You will also need access to zoom in the event judging cannot be held in person.**

**The awards will take place on 21st September 2021, please bare this in mind for any service users that are likely to be discharged prior to the event.**

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| **Name** |  |
| **Ward (if applicable)** |  |
| **Service Address** |  |

**Please describe below:**

* **why you would like to be a judge**

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**Please let us know any requirements you may have, including how many staff members would be attending:** (dietary needs, support with reading, access needs etc)

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**Designated support staff details**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Signature** |  |

**MDT Approval (must be signed by Responsible Clinician/Manager or equivalent at your service)**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Signature** |  |

**Signature of Applicant**

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