**Application to join the Project Board of Cambridgeshire and Peterborough’s**

**Voluntary Sector Mental Health, Learning Disability and Autism initiative 2023-2025**

Please read the [VCSE Sector Influence and Participation (Project Board) Terms of Reference](file:///C:\Users\Fiona.Kerr\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\RE6FHRKN\VCSE%20Sector%20Influence%20and%20Participation%20ToR%20Oct.%202023%20.docx) – for Cambridgeshire and Peterborough’s VCSE (Voluntary, Community and Social Enterprise) Sector Mental Health, Learning Disability and Autism initiative - before completing your Project Board application. The commitment and expertise of Board members will be recognised with a payment of £750 to attend five Project Board meetings.

Please ensure the details provided are for the relevant person within your organisation, consortium or network who will be participating as a Project Board member.

If you have any questions do email Fiona Kerr. Please submit your completed application to [fiona.kerr@cpslmind.org.uk](mailto:fiona.kerr@cpslmind.org.uk) by **9am Monday 23rd October 2023**

|  |  |
| --- | --- |
| Name |  |
| Job Title/role(s) |  |
| Your organisation and/or Consortium, Network  (and website link(s)) |  |
| Main beneficiaries and communities served |  |
| Main area(s)/locations/ neighbourhoods served within Peterborough/Cambridgeshire |  |
| Email |  |
| Telephone |  |
| Address |  |
| LinkedIn? If yes | Link to your profile: |
| Organisation or Network Chair, or that of another supporter of your application | Name, role and email: |

1. Summary of the people (including numbers if you have the data) and community/ies served (please add rows if you need to):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please list the service(s), facility/ies, pilot projects that you offer: | Children, young | Adults | Older people | Mental health | Learning disability | Autism/  neurodiverse | Location/area served | Other (please specify e.g. carers) |
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1. Who are your communities/people who you work with, including any that are diverse and/or with high levels of deprivation, disadvantage, inaccessibility:

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1. Your reason(s) for wanting to join the Cambridgeshire and Peterborough VCSE Sector Influence and Participation Project Board for Mental Health, Learning Disability and Autism:

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1. Your network and those you collaborate with – who you would inform, consult, involve, represent and feedback to:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Organisations/networks/consortia/charity Boards and please state their focus of mental health, learning disability and/or neurodiversity, faith, diversity, communities or area served.  Please do add any Integrated Care System Boards, for example North or South Place or Integrated Neighbourhood Boards, or you may be an NHS Governor or a Councillor? | Children, young | Adults | Older people | Mental health and wellbeing | Learning disability | Autism/  neurodiverse | Other (please specify e.g. carers) |
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1. Please tick the following statements, where you are willing to:

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| --- | --- |
| If I am successful with this Project Board application: | |
|  | I give written permission for my contact details to be retained and used for the purpose of this Project and Project Board |
|  | I give written permission for my contact details to be shared with the Board |
|  | I give written permission for my contact details to be available to sector stakeholders who are engaging with and contributing to the Project |
|  | I commit to attending Project Board meetings, expected to be quarterly with options for face to face and joining online, held in the area served |
|  | I commit to consulting, engaging and representing my wider network of VCSE sector leaders across mental health, learning disability and neurodiversity in Cambridgeshire and Peterborough |
|  | I will contribute, participate and represent the Project Board and sector’s voice respectfully, constantly demonstrating influencing and collaboration values |

Name:

Job title/role and organisation/network (please list if you hold more than one relevant role/position and the organisation and/or Board that is with):

Signature:

Date:

If you have any questions do email Fiona Kerr. Please submit your completed application to [fiona.kerr@cpslmind.org.uk](mailto:fiona.kerr@cpslmind.org.uk) by **9am Monday 23rd October 2023**