|  |  |
| --- | --- |
|  **Name** |  |
| **Email Address** |  |
| **Contact Number** |  |
| **Organisation Name** |  |

**Q1. Who will you be representing?**

|  |  |
| --- | --- |
| The Community and Voluntary Sector Organisation (please go to Q2)\* |  |
| NHS Lanarkshire (please go to Q3) |  |
| North Lanarkshire Council (please go to Q3) |  |
| North Lanarkshire Health and Social Care Partnership (please go to Q3) |  |

***NB: Please note that each CVS Organisation can only have one membership Application.***

**Q2a. What groups within the community would you be representing?**

|  |  |
| --- | --- |
| **Please select from the following groups, taken from the Community Solutions Consortium Terms of Reference** | **Yes/No** |
|  |  |
| BAME Groups, including refugees, asylum seekers and displaced persons  |  |
| Children, young people and families |  |
| Disabled People |  |
| LGTBQi+ |  |
| Older People |  |
| People with Mental Health Issues |  |
| People Living in Poverty |  |
| People with long term health conditions |  |
| Unpaid Carers |  |
| None - Engagement Only |  |

**Q2b. If your organisation does not deliver services across the who locality, please specify the area that it does cover: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Q3. Please specify the team that you are representing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Comments**

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