***Expression of Interest Application Form for***

***Personal Assistance Review Group***

If you would like to proceed with expressing your interest in participating in the Personal Assistance Review Group, please complete the below details.

Please note that completing an application form may not entitle you to participate in the **Personal Assistance Review Group**

Name: Address:

Email address: \_\_\_\_\_\_\_\_\_\_\_\_Telephone Number: \_\_\_\_\_\_\_\_\_\_

**Please outline your lived experience of Personal Assistance:**

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Please return your completed Expression of Interest application on or before the 20th October to

Ms Anne Tighe, Change Planning & Delivery Disability Service, Health Service Executive, Coolnagarrane, Skibbereen, Co Cork. P81 HC43 or via email to anne.tighe1@hse.ie