**ROOT data access project:   
Expression of interest form**

**Please contact** [**root@rcslt.org**](mailto:root@rcslt.org) **if you require this information in another format or would like support to complete this form.**

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| **Your details** | | |
| Name |  | |
| Telephone number |  | |
| Email address |  | |
| Organisation you heard about this through (*if applicable*) |  | |
| Gender pronouns (*optional*) |  | |
| **Please complete the information below to support the RCSLT to ensure a range of skills, knowledge and experience is represented across the project** | | |
| **Where do you live? (Please tick all that apply)** | | |
| ☐ England | | ☐ Wales |
| ☐ Scotland | | ☐ Northern Ireland |
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| **Which of the following descriptions apply to you? (Please tick all that apply)** | | |
| ☐ I am an adult (aged 18 years+) who has accessed speech and language therapy | | ☐ I am the parent/carer of a child who has accessed speech and language therapy |
| ☐ I am the parent/carer of an adult who has accessed speech and language therapy | |  |

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| **Which of the following descriptions best describes the reason that you, or the person who you support, have accessed speech and language therapy? (Please tick all that apply)** | |
| ☐ Communication needs that arose during childhood | ☐ Communication needs that arose during adulthood |
| ☐ Eating, drinking and/or swallowing needs | ☐ Cognition and/or learning difficulties/disabilities |
| ☐ Other reason(s) |  |
| Please provide further details: | |

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| **Which best describes the speech and language therapy you have experience of? (Please tick all that apply)** | |
| ☐ Speech and language therapy provided by the public sector (e.g. NHS, Local Authority) | ☐ Speech and language therapy provided by the private sector (e.g. independent speech and language therapist) |
| ☐ Speech and language therapy provided by other funders (e.g. a charity) |  |

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| **Do you have any experience in the following? (Please tick)** | |
| ☐ Participating in a focus group | ☐ Bringing the patient perspective to healthcare working groups or events |
| ☐ Consensus-building work where differences of opinions may occur |  |
| Please give details: | |

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| **Briefly describe why you would like to take part in this project** |
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| **Briefly describe your interest in patient data and/or national datasets** |
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| **Please confirm whether you can attend an in-person meeting held in London on Thursday 16 October** |
| ☐ Yes, I am available on this date to attend the in-person meeting  ☐ No, I am not available to attend this meeting, but would be able to take part in an online interview on a different date instead |

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| **Please let us know any reasonable adjustments you would need to take part in the project**  *e.g. bringing along someone to support you, observing a meeting and providing your input / feedback afterwards in writing* |
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| **Is there anything else you would like to share with us?** |
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The RCSLT is committed to promoting a diverse workforce and to active policies which eliminate unfair discrimination. The RCSLT does not discriminate on any grounds other than the ability to carry out the job.

Applications will be considered to ensure that the project team has the necessary expertise and represents a range of backgrounds and experiences – it may not be possible for all applicants to be appointed. RCSLT decisions are final.

Please return your completed form by **Wednesday 24 September** to [root@rcslt.org](mailto:root@rcslt.org).