**REQUEST FOR A VCSE REPRESENTATIVE**

For ICS Partnership groups/committees

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| **Name of Partnership/committee/workstream:**[Insert text here]  |
| **Chair:**[Insert name of chair here] |
| **Overall aim:****Reporting to:** [inset text here]**Frequency of meetings & commitment of time**:[Insert text here] |
| **Terms of reference:**[Inset text here or attach Terms of Reference] |
|  |
| **Person specification/Skills/Knowledge required**[Insert text here]  |
| **Why do you require a VCSE representative?**

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| **What change would they bring?** [Insert text here] |

**Would you be able to contribute for their participation?**[Recommended contribution is £75 for half a day, £150 per day]**Please return to****Sara.milocco@cvalive.org.uk****and cc** **kate.wignall@swlondon.nhs.uk** |