**REQUEST FOR A VCSE REPRESENTATIVE**

For ICS Partnership groups/committees

|  |
| --- |
| **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?**   |  | | --- | | **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**](mailto:kate.wignall@swlondon.nhs.uk) |