



COMMUNITY VOICES PANEL GET INVOLVED!

The Applied Research Collaboration (ARC) has one clear vision:

'to tackle health and care priorities through research, in the interests of all people in the East Midlands, to help people live healthier for longer, independently.'



Why should I get involved?

We are looking for people from all walks of life to become a member of the Community Voices Panel, a group that provides advice and guidance so that a wide range of views influence all of the ARCs research, at all stages. We are looking for people with a passion to be involved, who would like to offer their time, personal skills, insight and life experience to help shape health and care research.

What will I be asked to do?

Panel members provide valuable insight and advice from their lived experience of living in different communities.

The Community Voices Panel:

- ✔ Ensures that the voices of patients, carers and members of the public are considered in all aspects of ARC research projects.
 - ✔ Champions an inclusive culture in our research.
 - ✔ Assists the ARC to improve the way it includes and provides advice about increasing diversity and inclusion to members of the public within all aspects of the programme and projects, such as providing advice and recommendations to help strengthen relationships with communities in the East Midlands so that their views are used to inform and make decisions about our research.
 - ✔ You will be asked to attend 4 meetings a year, either face-to face or by phone or online. In addition you might be asked to participate in other activities (e.g. reviewing documents) which, should not take more than 10 hours a year.
- ③ **Members will be asked to serve a minimum of 2 years in the role, which will be reviewed on an agreed basis**
Your time and all travel and out of pocket expenses will be covered in line with the ARC policy.

Do I need to know about research before I get involved?

We will provide panel members with training to make sure that they have the skills and understanding of health and care research, to contribute to the work we will carry out in partnership with one another. This training will usually take place on a weekday, within office hours and dates will be available throughout the year.

How to apply:



1. Complete the attached expression of interest form and return to:
NIHR ARC East Midlands
c/o Leicester Diabetes Centre
Leicester General Hospital
LE5 4PW



2. Visit: <https://tinyurl.com/CVP-get-involved>
to access the online application.



3. Email: arc-em@leicester.ac.uk



4. Telephone: **07775 406501**

Community Voices Panel Invite Form

If you are interested please complete the form provided below.

For alternative methods to apply or to get in touch, please refer to page 3.

Data Protection

In submitting your information you consent to ARC East Midlands processing your data for the purpose of considering your application as a member of the **Community Voices Panel** and if your application is successful your details will be retained so that you can be notified of Panel-related activities. Your information will be kept by **ARC East Midlands until 31st March 2026**, which is the current end date for funding for ARC East Midlands. At the end of ARC East Midlands your information will be deleted from ARC East Midlands and its partners' databases and systems in accordance with the **Data Protection Act 1998**. Please tick the relevant box depending on whether you do, or do not consent to your information being used in the manner detailed above.

I consent

I do not consent

Name:

Address:

Postcode:

Telephone Number:

Email:

Please indicate which of the following options best describes you: (please tick all that apply)

- Patient
- Carer
- Parent/Guardian
- Member of the public
- Voluntary and Community Sector staff / trustee
- Other (please specify below)

Equality Monitoring Form

We recognise that the population of the East Midlands is diverse and changing. However the health and social care services we produce from our research may not always benefit everyone fairly. Minority communities are often overlooked at the research stage, leading to fundamental disparities in service. Completing this Form will help us to ensure that our work is fair. It will also help us meet the requirements of the Equality Act 2010.

While providing answers is voluntary, the more open and comprehensive you can be, the fuller the picture we create, thus benefiting the work we do to improve health services across the region. Your information will be anonymous, and kept confidential and private, though we may use the data from this Form for producing statistics, monitoring our work and planning our future research.

Age

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 16-19 | <input type="checkbox"/> 20-29 | <input type="checkbox"/> 30-44 |
| <input type="checkbox"/> 45-59 | <input type="checkbox"/> 60-74 | <input type="checkbox"/> 75 and over | <input type="checkbox"/> Prefer not to say |

Gender

- | | | | |
|--|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Intersex | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> If you prefer to use your own term, please describe below: | | |

Do you identify as the same gender identity you were assigned to at birth?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

Sexual Orientation

What is your sexual orientation?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Gay man | <input type="checkbox"/> Heterosexual/straight | |
| <input type="checkbox"/> Bi/bisexual | <input type="checkbox"/> Gay woman/
lesbian | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Prefer to self-describe (please describe below) | | | |

Maternity

Are you currently pregnant or have you been pregnant in the last year?

- Yes No Prefer not to say Not applicable

Marriage and Civil Partnership

Are you currently...

- | | |
|---|--|
| <input type="checkbox"/> Cohabiting | <input type="checkbox"/> Single (never married or never in a civil partnership) |
| <input type="checkbox"/> In a civil partnership | <input type="checkbox"/> Separated (but still legally married or in a civil partnership) |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced or civil partnership dissolved |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Widowed or a surviving partner from a civil partnership |

Religion and Belief

Do you have a religion or belief?

- | | |
|--|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> No belief |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Rastafarian |
| <input type="checkbox"/> Jain | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Pagan |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other religion or belief (please describe below) |
-

Refugees and Asylum Seekers

A refugee is a person who has been forced to flee their country because of persecution, war or violence and who has a well-founded fear of persecution for reasons of race, religion, nationality, sexual orientation, political opinion or membership of a particular social group. For the purposes of this Form, we are restricting the time period during which the person has arrived in the UK to the last five years. An Asylum Seeker is someone who is applying to achieve refugee status.

Are You?

- A Refugee (within the last five years) An Asylum Seeker Not applicable

Ethnicity:

What is your ethnic group? Please tick all that apply.

White

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> English / Welsh / Scottish/ Northern Irish / British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> European |
| <input type="checkbox"/> Any other white background (please describe below) | |
-

Mixed / Multiple Ethnic Groups

- | | |
|---|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Asian | |
| <input type="checkbox"/> Any other mixed / multiple ethnic background (please describe below) | |
-

Asian or Asian British

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any other Asian background (please describe below) | |
-

Black African / Black Caribbean / Black /Black British

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African |
| <input type="checkbox"/> Any other African / Caribbean / Black background (please describe below) | |
-

Other Ethnic Group

- | |
|---|
| <input type="checkbox"/> Arab |
| <input type="checkbox"/> Any other Ethnic group (please describe) |
-

Language

What is your first spoken language?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali |
| <input type="checkbox"/> Other | <input type="checkbox"/> British Sign Language |

If you ticked other, please provide details below?

Disability

A disability is a physical or mental impairment which impacts substantially on your ability to do day-to-day activities and, which has lasted, or is expected to last for at least 12 months. People with HIV, Cancer and Multiple Sclerosis are deemed to be disabled upon diagnosis.

Do you have a disability?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

If yes, what best describes your disability? Tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Sensory Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Neurological Condition | <input type="checkbox"/> Long Standing Illness |
| <input type="checkbox"/> Neurodiverse Condition | |

Please use this section to describe your disability further, if you so wish

Caring Responsibilities

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, age or other reasons cannot cope without their support.

Do you have any caring responsibilities? (This includes parental responsibilities).

Please tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Primary carer of a child/children (under 18) |
| <input type="checkbox"/> Primary carer of a disabled child/children | <input type="checkbox"/> Primary carer or assistant of a disabled adult (over 18) |
| <input type="checkbox"/> Primary carer or assistant for an older person/people (over 65) | <input type="checkbox"/> Secondary carer (another person carries out main caring role) |
| <input type="checkbox"/> Prefer not to say | |

Geographical Location

Please provide the first part of your home postcode (e.g. LE1)

OR your location (e.g. Leicester)

Supporting Statement

Please explain below, why you want to join the group and what you would like to get out of it.

Complete the attached expression of interest form and return to:

NIHR ARC East Midlands
c/o Leicester Diabetes Centre
Leicester General Hospital
LE5 4PW

or visit: [🌐 https://tinyurl.com/CVP-get-involved](https://tinyurl.com/CVP-get-involved)
to access the online application.

or Email: [✉ arc-em@leicester.ac.uk](mailto:arc-em@leicester.ac.uk)
for more information or to have an Expression of Interest form sent by post or email

or Telephone: [📞 07775 406501](tel:07775406501)