



Thank you for your interest in joining the HSE Dublin and North East Patient and Service User Council.

We welcome applications for people from all backgrounds, especially those whose voices are not always heard.

You can use this form to tell us a bit about yourself and why you'd like to join.

Instructions:

- Please read the role information before filling out this form.
- Send your application by email to ppp.DublinNorthEast@hse.ie.
- The deadline to receive applications is 5pm 31st October 2025.

Need help filling in this form or want to apply over the phone?

Contact us at 087 0680325 or email ppp.DublinNorthEast@hse.ie.

Want to apply using in a different format? Contact us at 087 0680325 or ppp.DublinNorthEast@hse.ie and we can let you know about submitting your application in audio recording or video format.

Want this form in Irish? Contact us at 087 0680325 or email ppp.DublinNorthEast@hse.ie to arrange this.



Data privacy statement – How we use your information

The information you share in this form will be used by HSE Dublin and North East to support the recruitment of members to the Regional Patient and Service User Council.

We collect this data as part of the application process to:

- ensure you meet the eligibility criteria
- understand your background and interests
- ensure diverse and inclusive representation
- contact you about your application

Your information will be stored securely and will be restricted to HSE staff who require access to your data in managing this process. All data will be processed in line with General Data Protection Regulations (GDPR), the Data Protection Act 2018 and HSE Data Protection Policies.

The HSE's Privacy Notice, which is on the HSE website will provide you with further information on how we process personal data as well as information on your rights as a data subject and how you can exercise those rights. Here is the link: [HSE Privacy Notice Service Users V1.5](#)

You can withdraw your application at any time by contacting us at: ppp.DublinNorthEast@hse.ie



If you are not satisfied with how HSE is processing your data, you have a right to lodge a complaint with the Data Protection Commission (DPC). Contact details for the DPC are available at www.DataProtection.ie.

We will keep the information you share should you become a member of the Patient and Service User Council, until you leave the Council. If you opt-in to be considered for another opportunity, we will keep your information for 12 months. If not selected for the Council and you don't wish to be considered for other opportunities, we will delete your information one month after the Council has been selected.



Section 1: About you*

We are asking these questions to be able to contact you about your application. We also want to involve people from different parts of the Dublin and North East region.

Name:
Telephone:
Email:
Home address:
How would you prefer to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> No preference

* Mandatory questions



Section 2: Your experience and interest*

What is your experience of using health and social care services? (100 words maximum)

This may be as a patient, service user, carer or supporting others to use these services.

Why would you like to join the regional Patient and Service User Council? (100 words maximum)



How would your experience and skills help you as a member of the Patient and Service User Council? (100 words maximum)

Please include relevant skills and experiences, with examples from your personal life, paid or voluntary work, or training.



Section 3: Support for Council Members*

We are asking these questions so we can support you to take part.

Do you need any support to participate as a member of the Patient and Service User Council? For example, this could be meeting at wheelchair accessible venues or getting information in large font.

What is your preferred way to join meetings?

- In-person
- Online
- Other, please explain _____

What days and times would suit you best to join meetings?



Section 4: Equality and diversity

We are asking these optional questions to ensure that the Patient and Service User Council is a diverse and inclusive group. You don't have to answer these questions if you don't want to.

What age are you?

- | | | |
|--|--|--|
| <input type="checkbox"/> 18 – 25 years | <input type="checkbox"/> 26 – 34 years | <input type="checkbox"/> 35 – 49 years |
| <input type="checkbox"/> 50 – 69 years | <input type="checkbox"/> 70 – 79 years | <input type="checkbox"/> 80+ years |

How would you describe your gender?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Man |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer to self-describe _____ |

What is your ethnicity or cultural background?

White

- Irish
- Irish Traveller
- Roma
- Any other White background

Black or Black Irish

- African
- Any other Black background

Asian or Asian Irish

- Chinese
- Indian / Pakistani / Bangladeshi
- Any other Asian background

Other

- Arabic
- Mixed background, specify below
- Other, specify below

Prefer to self-describe: _____



Section 5: Declaration and submission*

I confirm that the information I have provided is accurate and that I am applying to join the Council voluntarily.

If not selected for the Council, I would like to be considered for other regional patient and service user engagement opportunities.

Signature: _____ Date: _____

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Thank you for your application! We will be in touch after the deadline.