**Reference Group Membership**

**Expression of Interest Form (EOI)**

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| **Name:** |  |
| **Organisation Name and Geographical Footprint:** |  |
| **Current Role:** |  |
| **Email:** |  |
| **Vacant Membership** | **Add YES below, alongside the vacant seats you are interested in representing?** |
| Active and Healthy Lifestyles |  |
| Children and Young People |  |
| Culture and Inclusion |  |
| Family Support |  |
| LGBTQ+ |  |
| Long Term Health Conditions (0-18/25) |  |
| Long Term Health Conditions (Adults) |  |
| Multiple Disadvantage |  |
| Palliative & End of Life Care (0-18/25) |  |
| Palliative & End of Life Care (Adults) |  |
| The Arts |  |

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| --- |
| **Please provide any information you wish to share about your experience in relation to areas you are Expressing an Interest in representing.****Please add for all communities/conditions.**  |
|  |

Please send your completed EOI to: ***vcfsecollaborative@wcava.org.uk***

Closing Date: Friday 9th May 2025.