

**Introduction:**

Thank you for taking the time to register your HSC organisations PPI / Co-Production opportunity on the PHA Engage website. We now ask that you complete this template to ensure that we can fully register your involvement opportunity on our website.

**Please select the name of the HSC organisation providing the PPI / Co-Production opportunity:**

**Please insert the name of the HSC Directorate who is providing the PPI / Co-Production opportunity: (Please do not use abbreviations).**

<input type="text"/>	Regional
<input type="text"/>	Not applicable

**Please insert the name of the PPI / Co-Production opportunity:(20 word limit).**

**Please clearly identify what area of involvement your PPI / Co-Production opportunity is asking for Service User and carer to be involved in?**

<b>What area of involvement?</b> (Please tick one response)	
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**Please clearly identify the level of involvement your PPI / Co-Production opportunity is asking for Service User and carer to be involved to?**

<b>What level of involvement?</b> (Please tick one response)	
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**You may want to add in some additional details, so please tell us; (50 Word limit)**

- What you are asking service users, carers and the public to get involved in?
- How service user and/or carer involvement will make a difference to this?
- Who you would like to engage?, For example, *we are seeking people who have experienced a particular health condition to help us shape a new service or we are asking people to input into a consultation.*

**Please indicate how the service user / carer can get involved and the level of commitment required.**

This will be a brief description of what the service user is expected to do or select from the below response options

- ☐ Respond to information
- ☐ Attend event e.g. interview, information event, focus group
- ☐ Group membership
- ☐ Formal consultation
- ☐ Other, please specify

**Additional details and if applicable the location and time for this PPI / Co-Production opportunity.**

**Register your interest:**

Please provide details about how you want the service user / carer to register their interest for this PPI / Co-Production opportunity.

*(You may want to include a contact person, contact number and contact email address):*