Paid Lived Experience Advocate
Expression of Interest Form

Name of person applying:
Email Address:
Contact number:
Name of the Participation Group you are applying for:

Tell us a bit about yourself:

- What is your Lived Experience?
- Do you have any hobbies or interests?
- Do you have a medical diagnosis?

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Registered Charity Number: **214212** - A Company Limited by Guarantee. Registered Company Number: **533714**

Why do you want to be a Lived Experience Advocate?

- What are your motivations for applying?
- What do you want to get out of this role?

Do you require any reasonable adjustments that need to be considered?
Please provide some information below:

If you run into any problems filling in this form or have any questions, you can contact us by:

Emailing participation@mosaic1898.co.uk
Or calling us on: 0116 231 8720
(Press option 2 and then option 2 again.)