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University Health Board

# Neurosciences



BCUHB MND Disease Specific Advisory Group

Carer / Patient Representative

## EXPRESSION OF INTEREST

NAME .....

ADDRESS.....

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TEL..... Email .....

**\*INDIVIDUAL/CARER**

\*Please indicate whether you are a carer or individual in contact with services.

**Data Protection – We will keep your contact details private/confidential. They will *only* be used for contacting you directly about recruitment on to the North Wales Regional Partnership Board and the process for membership. The content of your Expression of Interest may be shared/used with others during the Peer Selection Process. You will have an opportunity of sharing this in whatever way you wish.**

**We would like you to briefly describe why you would like to join the MND DSAG?**

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**Continued over**





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Many thanks for taking the time to express your interest please return by email to [bcu.mndcoordinators@wales.nhs.uk](mailto:bcu.mndcoordinators@wales.nhs.uk) or by post to  
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