**Application form**

**Expression of interest to provide epidemiology services to the Perinatal and Maternal Mortality Review Commission and/or the Suicide Mortality Review Committee**

*Where you feel there is additional supporting information that you would like to provide, this can be supplied and referenced in the main submission.*

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| **Provider details** |  |
| **Individual/service name:** |  |
| **Primary contact person:** |  |
| **Phone:** |  |
| **Mobile:** |  |
| **Postal address:** |  |
| **Email address:** |  |
| **Address for service:** |  |

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| **Provide evidence of previous experience informing the collection of data, analysis of information and communicating findings to key stakeholders.** |
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| **Provide evidence of previous experience supporting public health programmes throughout the process of planning, monitoring and analysing data.** |
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| **Provide evidence of how you have improved data collection and review methodologies.** |
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| **References** | |
| **Provide contact details for two referees we can contact to verify the submission, should this be required.** | |
| **Referee 1** |  |
| Name: |  |
| Organisation: |  |
| Professional relationship: |  |
| Email address: |  |
| Phone number: |  |
| **Referee 2** |  |
| Name: |  |
| Organisation: |  |
| Professional relationship: |  |
| Email address: |  |
| Phone number: |  |