Change Maker application form

Thank you for expressing interest in becoming a Cardiomyopathy Change Maker! We are delighted to hear that you would like to participate in this network.

Please look through the [Change Maker information sheet](http://www.cardiomyopathy.org/change-makers) before completing this application form to make sure that you meet the criteria and are comfortable with what being a Cardiomyopathy Change Maker involves.

We hope you find this process simple, but if you need any help filling in the form or would prefer a paper copy, please email [policy@cardiomyopathy.org](mailto:policy@cardiomyopathy.org)

Please return your completed application form to: [policy@cardiomyopathy.org](mailto:policy@cardiomyopathy.org)

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| **First name:** |  |
| **Surname:** |  |
| **Email address:** |  |
| **Postal address:** |  |
| **Type of cardiomyopathy:** |  |
| **What types of activities are you interested in? You can tick more than one. This list is not limited and there will be other opportunities.** | **Local influencing:**  Join the GP’s Patient Engagement Group.  Attend public meetings of the Integrated Care Board/Health Trust.  Awareness raising stalls in clinics.  Liaise with CMUK local support group to understand local issues in health care.  **National influencing:**  Review CMUK’s policy and campaigns reports or resources.  Input lived experience into CMUK responses to Government proposals.  Speak at national conferences.  **Campaign supporter:**  Send letters to elected representatives, like MPs.  Post a personal story on social media to support a campaign. |
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| **Please tell us in no more than 250 words why you would like to be Change Maker.**   * You could explain how you would use your experiences of cardiomyopathy and using health services to demonstrate the need for change. * Please also tell us about any skills you have gained in relevant volunteer or paid roles that could help you in the Change Maker role. | |