**Newham Deaf and Hard of Hearing Advisory Board**

**Expression of Interest**

Thank you for expressing interest in wanting to join Newham’s first ever Deaf and Hard of Hearing Advisory Board.

We are asking people to either complete this form or to send us a short video (no more than 3 minutes) to[holly.woodfield@healthwatchnewham.co.uk](mailto:holly.woodfield@healthwatchnewham.co.uk) **–** or by **WhatsApp 07484 524 680** by **18 July 2025** explaining why you would like to join the board.

**1. Your name**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Contact email:** |  |
| **Preferred communication** |  |

**2. Association with Newham – tick all that apply**

|  |  |
| --- | --- |
| Live in the borough |  |
| Work in the borough |  |
| Study in the borough |  |

**3. Why do you want to join the board? (up to 150 words)**

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**Thank you for completing this form.**