**Expression of Interest - ILAP Lay Member Questions:**

**Name:**

**Date:**

**Technology & Access:**

1. I have suitable IT/computer and have internet access

**– Yes/No**

1. I am happy to take part in virtual workshops over Microsoft Teams

**– Yes/No**

1. I will keep any information I have access to or is provided to me by the MHRA confidential?

– **Yes/No**

1. I understand and agree that, if I am successful, I will disclose any conflicts of interest and sign a confidentiality agreement.

– **Yes/No**

**Conflict of Interest:**

**I confirm that I am NOT:**

a) A professional working in healthcare, social care or public health

– **Yes/No**

b) Working in an industry that involves development and/or manufacturing of medicines

– **Yes/No**

c) An individual who has conflicts of interest that may influence, affect – or could be seen to affect – someone’s independence and impartiality in assessing application

– **Yes/No**

**I wish to be considered for the ILAP patient role. Please see my answers below.**

1. **What motivates you to apply for this role?** (250 words max)
2. **Considering and communicating the perspective of patients, people or carers is key to this role, please provide us with clear example/s of how you would be a suitable candidate for this role.** (250 words max)
3. **Why is it important to consider diverse populations and underserved communities when developing innovative technologies?** (250 words max)
4. **When have you have contributed to constructive debate, while being respectful of other people’s views?**(250 words max)
5. **Please describe your experience of reading and interpreting long and complex documents, and presenting back your views** (250 words max)

**Deadline:** 5pm on the 13th September 2025

**Please return to:** engagement@mhra.gov.uk