**Application for designation as a core participant**

**Please fill in this form to apply to be a core participant.**

**Before applying, prospective applicants are advised to read the guidance on how to fill out the form in the** [**Core Participant Protocol**](https://www.covid19inquiry.scot/protocols-and-notices)**.**

**Please submit your completed form, to** **coreparticipants@covid19inquiry.scot** **by 11.59pm on 8 March 2024.**

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| **1. Your name (if you are applying on behalf of an organisation, include the names of the directors, trustees or office-bearers):**  |
| **2. Your status (please state whether you are applying on your own behalf, or for an organisation or body, or as a representative of a group):**  |
| **3. Your contact details:** **Address:** **Email:** **Your preferred way for the Inquiry to contact you:**  |
| **4. Contact details of your lawyer (if you have one):** **Name:** **Address:**  |

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| **Email:** **Phone:** **If you don’t yet have a lawyer, do you intend to appoint one?** **Yes** ☐**No** ☐ |
| 1. **Your interest**
	1. **What is your interest in the outcome of the Inquiry?**

(The answer to this question should not exceed 300 words. We will only consider information provided in this form.)* 1. **Are you representing a number of people with similar interests? If yes, please provide details.**

(The answer to this question should not exceed 200 words. We will only consider information provided in this form.)* 1. **Please tick the box for topics in the Inquiry’s Terms of Reference in which you have significant interest, have played a significant role or anticipate criticism in relation to Scottish matters (**[**the full Terms of Reference can be found here)**](https://www.covid19inquiry.scot/terms-reference)**:**

☐ **pandemic planning and exercises carried out by the Scottish Government.** ☐ **the decisions to lockdown and to apply other restrictions and the impact of those restrictions.** ☐ **the delivery of a system of testing, outbreak management and self-isolation.**  ☐ **the design and delivery of a vaccination strategy.** ☐ **the supply, distribution and use of Personal Protective Equipment (PPE).**  |

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| ☐ **the requirement for shielding and associated assistance programmes, provided or supported by public agencies** ☐ **in care and nursing homes, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, infection prevention and control, and inspections.** ☐ **the provision of healthcare services and social care support, including the management and support of staff and the recognition, involvement and support of unpaid carers.**  ☐ **the delivery of end-of-life care and the use of Do Not** **Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.** ☐ **welfare assistance programmes, for example those relating to benefits or the provision of food, provided or supported by public agencies.**  ☐ **the delivery of education and certification.** ☐ **financial support and guidance given to businesses and the self-employed, including in relation to identification of keyworkers, by public agencies.**  |
| 1. **The initial criteria**

**Please tell us which of these criteria you satisfy and why (you can satisfy more than one):** * 1. **You have had a direct and significant role in the matters under investigation.**
	2. **You have a significant interest in an important aspect of a matter the Inquiry is considering.**
	3. **You might be subjected to significant or particular criticism.**

**And why would it be desirable for you to be a core participant?** (The answers to this question should not exceed 300 words. We will only consider information provided in this form.) |
| **7. Please explain why you think the Chair should grant your application to be designated a core participant** (The answer should not exceed 400 words in total. We will only consider information provided in this form.) |
| **8. The facts you intend to rely on** **Please provide a very brief summary of the main facts on which you are likely to rely in the course of the Inquiry.** (The answer should not exceed 300 words in total. We will only consider information provided in this form.) |
| **9. Consent** **Please confirm that you consent to being designated a core participant if your application is granted.** **Yes** ☐**No** ☐**Please confirm whether you consent to your name being published in the list of core participants on the Inquiry website if your application is granted.** **Yes** ☐**No** ☐ |

**DECLARATION**

**I confirm that the information I have provided in this application form is true and correct to the best of my belief and knowledge.**

**Your signature:**

**Date:**

**Send the completed form:**

* by email to: coreparticipants@covid19inquiry.scot
* by 11.59pm on 8 March 2024

**Personal data:**

The Inquiry will treat the information you give us on this form in accordance with the Inquiry’s [Protocol for the Receipt and Handling of Information and Privacy Notice.](https://www.covid19inquiry.scot/protocols-and-notices)