CLINICAL & AI EXPERT ADVISORY BOARD

Expression of Interest and Application Form

Empowering healthcare professionals to build AI-driven solutions for women's health.

WowelinAI CIC is a clinician-led, not-for-profit community interest company founded by three NHS doctors. We build AI to improve women's health and help care reach the women who need it most, and run free programmes: the AI Innovation Programme for medical students and junior doctors, the AI & Engineering Student Innovation Programme, and AI training and upskilling for healthcare professionals.

We are inviting experienced professionals to join our voluntary Expert Advisory Board and help guide our work, from clinical safety and regulation to technology, partnerships and education.

THE ROLE

- Term: an initial two-year appointment, renewable by mutual agreement.
- Commitment: four online board meetings a year (about one hour each). Extra advice between meetings is welcome but optional.
- Voluntary and unpaid. Either party may end the appointment at any time.
- Successful applicants sign a short Advisory Board Appointment Agreement.

WHAT WE OFFER

- Recognition on our website and in our reports (with your consent).
- A formal letter of appointment. References can be provided after at least 12 months of active involvement.
- Advisory experience you can include in your professional portfolio or annual appraisal.
- A network of clinicians, technologists, universities and partners.
- The chance to shape AI for women's health and mentor future innovators.
- Invitations to our events, showcases and summits.

How to apply

Complete this form electronically (it takes about 15 minutes), save it, and email it to **office@wowelinai.co.uk** Fields marked * are required. If your application is accepted, we will inform you by email.

SECTION 1 · YOUR DETAILS

Title (Dr, Prof, Mr, Ms, Mx…) *

Country and city of residence *

First name *

Last name *

Email address *

Telephone number

LinkedIn or professional profile URL

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SECTION 2 · CURRENT ROLE

Current job title / designation *

Organisation or employer *

Sector *

☐ NHS ☐ Private healthcare ☐ Academia / university ☐ Industry / technology ☐ Business
☐ Charity / third sector ☐ Government / public body ☐ Self-employed / consultancy ☐ Retired
☐ Other *please specify:*

Briefly describe your current role and responsibilities *

SECTION 3 · AREAS OF CONTRIBUTION

Please tick every area in which you would like to contribute, and describe in the box below each one how you could support WowelinAI CIC. Leave boxes blank for areas you have not ticked.

☐ **Clinical expertise**
Specialist clinical advice on our women's health tools and research.

Your specialty and sub-specialty, and how you would contribute (e.g. clinical content review, safety, care pathways, pilot sites)

☐ **AI, data science and technology development**
AI engineering, machine learning, software development, data architecture.

Your technical background, tools and platforms, and how you would contribute

☐ **NHS digital transformation**
NHS digital, clinical safety, information governance, DTAC, procurement and adoption.

Your NHS digital experience (e.g. CSO, CCIO, digital lead, IG) and how you would contribute

☐ **Regulatory pathway**
Medical device and software regulation (MHRA, UKCA), DTAC, clinical safety standards (DCB0129/0160) and NICE evidence standards.

Your regulatory experience and how you would help our tools move through the right approvals

☐ **Legal**
Contracts, intellectual property, data protection law, licensing and liability.

Your legal background and how you would contribute

☐ **Pilot partnerships**
Access to NHS trusts, GP practices, private clinics, universities or community organisations as pilot sites.

The organisations you could connect us with and how you would support a pilot

☐ **Data analysis**
Health data science, statistics, public and population health datasets, and evaluating AI performance.

Your data analysis experience, tools and methods, and how you would contribute

☐ **Private healthcare**
Private practice, independent providers and commercial partnerships in UK healthcare.

Your private healthcare role and organisation type, and how you would contribute

☐ **Finance and fundraising**
Financial planning, grants, social investment and long-term sustainability.

Your experience and how you would contribute

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☐ **Governance, CIC and social enterprise**
Company structure, CIC regulation, board governance and organisational development.

Your experience (e.g. company secretarial, social enterprise, trusteeship) and how you would contribute

☐ **Education and training**
Curriculum design, assessment, accreditation and mentoring.

Your teaching or programme experience and how you would contribute

☐ **Research and evaluation**
Study design, research ethics, evaluation and publication.

Your research background and how you would contribute

☐ **Patient and public voice**
Lived experience, community engagement, equality and inclusion.

The perspective you would bring

☐ **Medical translation and languages**
Translating or reviewing health information for our multilingual tools, and helping us reach women in their own language.

Languages you speak fluently (other than English), and any medical translation or interpreting experience

☐ **Marketing and external outreach**
Communications, social media, branding, public relations, events and building relationships with partners and communities.

Your marketing or outreach experience and how you would help raise our profile

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☐ **Other**
Any other way you would like to support our mission.

Please describe in detail how you would like to contribute

SECTION 4 · QUALIFICATIONS AND EXPERIENCE

Professional and academic qualifications *
Degree or qualification, awarding institution and year.

Professional registration body (GMC, NMC, HCPC…)

Registration number

Years of professional experience *
☐ 0–5 ☐ 6–10 ☐ 11–20 ☐ More than 20

Relevant achievements, publications or projects

Referees *
Please give two professional referees. We will only contact them if you are shortlisted, and we will tell you before we do.

Referee 1: name and role *

Referee 1: email address *

Referee 2: name and role *

Referee 2: email address *

SECTION 5 · MOTIVATION AND AVAILABILITY

Why would you like to join the WowelinAI CIC Expert Advisory Board? *

Beyond the four board meetings a year, how much additional time could you offer? *

☐ None beyond board meetings ☐ Occasional advice by email ☐ Up to 2 hours a month
☐ More than 2 hours a month

Would you be willing to mentor participants on our programmes? (tick all that apply) *

☐ Medical students and junior doctors programme ☐ AI and engineering students programme
☐ Not at this time

Preferred meeting times (tick all that apply) *

☐ Weekday daytime ☐ Weekday evening ☐ Weekend ☐ No preference

Do you need any adjustments to take part in interviews or meetings? (optional)

How did you hear about us?

SECTION 6 · CONFLICTS OF INTEREST

Why we ask: as an adviser you may influence decisions about our tools, pilot sites, partners and funding. A conflict of interest arises when an outside interest could affect, or appear to affect, your advice. Examples include employment, consultancy, shareholdings or directorships in health or AI technology companies, private healthcare providers or organisations we may partner with, and the interests of close family members.

Declaring an interest does not prevent you from joining. It simply lets us manage it openly, for example by asking you to step out of a specific discussion, so that our advice stays impartial and trusted by patients, the NHS and funders.

Do you have any financial, commercial or professional interests that could conflict, or appear to conflict, with the work of WowelinAI CIC (e.g. directorships, shareholdings, consultancy, roles with AI or health technology companies)? *

☐ Yes ☐ No

If yes, please give details

SECTION 7 · DECLARATION OF SUITABILITY

Please tick each statement you can confirm. If you are unable to confirm any statement, tick the final box and we will contact you privately. Please do not include any details on this form.

- ☐ I have no unspent criminal convictions, cautions, reprimands or final warnings.
- ☐ I am not disqualified from acting as a company director or charity trustee.
- ☐ I am not currently subject to suspension, conditions, undertakings or an investigation by a professional regulator.
- ☐ I have not been removed from a position of trust or office due to misconduct.
- ☐ I am unable to confirm one or more of the statements above.

☐ I confirm that the information I have provided is true and complete to the best of my knowledge, and I understand that WowelinAI CIC may verify my professional registration on public registers. *

SECTION 8 · WEBSITE PROFILE

If you are appointed, we would like to introduce you on our website, wowelinai.co.uk. Please tell us what you are happy for us to display. You can change or withdraw this at any time by emailing office@wowelinai.co.uk.

Would you be happy for us to display your profile on our website? *

☐ Yes ☐ No

If yes, please tick everything you agree we may display:

☐ **Photograph**
Please do not send a photograph now. If your application is accepted, we will ask you to email one with your signed appointment agreement.

☐ Full name and title

☐ Job title / designation

☐ Organisation or employer

☐ Short biography (below)

☐ LinkedIn profile

☐ Email address

Name as you would like it displayed

Short biography for the website (up to 80 words)

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SECTION 9 · DATA PROTECTION AND CONSENT

WowelinAI CIC will process the personal data you provide in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Your information will be used only to assess your application, contact you about the Expert Advisory Board and, if you are appointed, to administer your role. It will be treated as confidential, stored securely and accessed only by the directors of WowelinAI CIC. We will not share it with third parties without your consent, unless required by law. If your application is unsuccessful, your data will be deleted within 12 months. You may request access to, correction of or deletion of your data at any time by emailing office@wowelinai.co.uk.

- ☐ I have read the data protection statement above and consent to WowelinAI CIC processing my information for the purposes described. *
- ☐ I consent to WowelinAI CIC displaying the profile information I have ticked in Section 8 on its website.
- ☐ I am happy for WowelinAI CIC to contact me about future opportunities, even if I am not appointed to the board.

By signing below, I confirm that the information in this application is accurate and that I agree to the declarations and consents I have ticked.

Applicant signature (typed name) *

Date *

THANK YOU FOR YOUR INTEREST
The directors will review your application and contact you within four weeks. If your application is accepted, we will inform you by email and send you an Advisory Board Appointment Agreement to sign.

FOR OFFICE USE ONLY

To be completed by the directors of WowelinAI CIC

Date application received

Reference number

Decision ☐ Accepted ☐ Declined

Date of decision

Director name

Director signature

Second director name

Second director signature

Notes

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