

Involvement Bank Registration Form

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| **Title** | Mr |[ ]  Miss |[ ]  Mrs |[ ]  Ms |[ ]  Other |  |

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| --- | --- | --- | --- |
| **Full name** |  | **Date of birth** |  |
| **Gender**  |  | **Ethnicity** |  |
| **Address** |  |
| **Telephone number** |  | **Email address** |  |
| **What are your pronouns?** |  |

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| **Are you a …** **(Please tick all that apply)** | Patient |[ ]  Relative of a patient |[ ]  Carer of a patient |[ ]

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| **Have you, a relative, or someone you care for used our services in the past 3 years?** | Yes |[ ]  No |[ ]

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| **Which services have you experienced in the past 3 years? i.e. A&E, Ward 7, Cardiology etc** |
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| **Why do you want to join the Involvement Bank?** |
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| **How did you find out about the Involvement Bank?** |
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| **Select the activities you are interested in. You can change these at any time.**  |
| Attending meetings |[ ]  Completing inspections |[ ]
| Completing surveys |[ ]  Designing surveys |[ ]
| Designing leaflets |[ ]  Focus/working groups for specific projects |[ ]
| Giving feedback on new ideas and products |[ ]  Research projects |[ ]
| Staff recruitment |[ ]  Other ………………………………….. |[ ]

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| **Please tell us if you have any communication or accessibility requirements.** |
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| **Is there anything else you want to tell us?** |
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| **Do you have access to an electronic device?** | Always |[ ]  Sometimes [ ]  | No |[ ]
| **Do you have access to Wi-Fi / internet?** | Always |[ ]  Sometimes [ ]  | No |[ ]

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| **Emergency contact (These will only be contacted in an emergency during an involvement activity)** |
| Name |  | Telephone number |  |
| Further information (if required) |  |

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| **Declaration** |
| Your details will be kept on a secure database in accordance with the Data Protection Act 2018/GDPR and will not be shared with any other organisation. You can ask the Patient Experience team to remove your details at any time.Email: stees.involvement@nhs.net Telephone: 01642 835964Post: Patient Experience, The James Cook University Hospital, Marton Road, Middlesbrough TS4 3BW |
|  **Signature** |  | **Date** |  |

Please return forms to stees.involvement@nhs.net or Patient Experience, The James Cook University Hospital, Marton Road, Middlesbrough, TS4 3BW.