A screenshot of a computer

Description automatically generated

Involvement Bank Registration Form

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | Mr |  | Miss |  | Mrs |  | Ms |  | Other |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.** |
|  |
| **Is there anything else you want to tell us?** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you have access to an electronic device?** | Always |  | Sometimes | No |  |
| **Do you have access to Wi-Fi / internet?** | Always |  | Sometimes | No |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto:stees.involvement@nhs.net)  Telephone: 01642 835964  Post: Patient Experience, The James Cook University Hospital, Marton Road, Middlesbrough  TS4 3BW | | | |
| **Signature** |  | **Date** |  |

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