

Involvement Partner Registration Form

Please fill in both sides of the form. This form lets you tell us the kind of thing you are interested in. Then we can contact you about things that matter to you. We will check with you every 2 years if you want to continue to be an Involvement Partner, but you can let us know at any time if you no longer want to be an Involvement Partner or want to take a break.

If you would like help to fill in this form please email us on involve@bdct.nhs.uk or call 01274 228298. If you need this information in another format or language, please contact us or ask a member of staff in the service you are using.

Your Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
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First Name	Last Name
Address	
Postcode	

Please tick age group

<input type="checkbox"/> under 18	<input type="checkbox"/> 19 - 25	<input type="checkbox"/> 26 - 35	<input type="checkbox"/> 36 - 45	<input type="checkbox"/> 46 - 55	<input type="checkbox"/> 56 - 65
<input type="checkbox"/> 66 - 75	<input type="checkbox"/> 76+				

Telephone Number

Home	Mobile
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Email Address

To reduce costs, it would be helpful if we could by email. Please leave blank if you do not wish to be contacted by email.

Connection to the Trust (please tick all that apply)

<input type="checkbox"/> patient/service user	<input type="checkbox"/> carer	<input type="checkbox"/> other e.g. organisation or group	<input type="checkbox"/> no connection
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Please tick the areas of health and the Trust that you are interested in

- community physical health services
(district nursing, podiatry, speech & language, community dental services, end of life care)
- children's services
(health visitors, school nursing, special needs school nursing in the community)
- inpatient mental health services
- community mental health services
- learning disabilities
- child and adolescent mental health service (CAMHS)
- psychological therapies and emotional wellbeing services
- older peoples mental health services
- non-clinical services (ie healthcare buildings & patient services, facilities, IT, HR, administration)
- volunteer services
- trust charities and fundraising
- dementia services
- secure/forensic services

Please tick the kinds of activities you might be of interest to you

- | | |
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| <input type="checkbox"/> learning more about how to be involved in the NHS | <input type="checkbox"/> involvement in the education & training of staff |
| <input type="checkbox"/> being a patient/public or carer representative on a group or committee | <input type="checkbox"/> helping the Trust plan for the develop policies / future |
| <input type="checkbox"/> attending events about health or healthcare | <input type="checkbox"/> assessing and improving our buildings and facilities |
| <input type="checkbox"/> improving equality in services or involvement (for example disability, race/ethnicity, faith) | <input type="checkbox"/> helping us to promote and develop involvement |
| <input type="checkbox"/> being involved in recruiting staff | <input type="checkbox"/> involving young people |
| | <input type="checkbox"/> involving of carers |
| | <input type="checkbox"/> creative arts and involvement |
| | <input type="checkbox"/> technology, digital and social media involvement |
| | <input type="checkbox"/> involvement in clinical/health research |

What will you do with my personal information?

- When you send us this form you are giving us permission to contact you with information about involvement
- We will store you personal information securely, in line with NHS guidelines
- We will only share your information if necessary and we will always ask your permission
- You can remove your name from our contact list at any time

Please sign your name here

Please send your form to, send it to: Patient Experience and Involvement Team,
Bradford District Care NHS Foundation Trust, New Mill, Victoria Road, Saltaire, Shipley, BD18 3LD