

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				
Mr	Mrs	Miss	Dr	Other
First Name			Last Name	
Address				
Postcode				

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

Telephone Number	
Home	Mobile

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
patient/service user	carer	other e.g. organisation or group	no connection

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

learning more about how to be involved in the NHS

being a patient/public or carer representative on a group or committee

attending events about health or healthcare

improving equality in services or involvement (for example disability, race/ethnicity, faith)

being involved in recruiting staff

involvement in the education & training of staff

helping the Trust plan for the develop policies / future

assessing and improving our buildings and facilities

helping us to promote and develop involvement

involving young people

involving of carers

creative arts and involvement

technology, digital and social media involvement

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