

**Your Voice - Public Participation Group**

Membership form

 **Your personal details**

|  |  |
| --- | --- |
| Name: |  |
| D.O.B: (optional) |  |
| Contact No.: |  |
| Email: |  |
| Address: |  |

**Medical conditions or known allergies**

(Please let us know if you require any reasonable adjustments)

|  |
| --- |
|  |

**Emergency contact details**

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  | Contact No: |  |

**How did you hear about the Your Voice Public Participation Group?**

|  |
| --- |
|  |

**Specific areas of interest within the Trust**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quality Improvement  |  | Workforce & Training |  | Digital |  |
| Safety & learning |  | Communications |  | Estates |  |
| Experience & Engagement  |  | Inclusion & Equality |  | Other |  |

**Consent**

|  |  |
| --- | --- |
| I am happy for the information collected on this form to be processed by the Trust to enable administration and management of the Your Voice – Public Participation Group. Requests to remove your details can be made at any time by emailing catherinegallagher@nhs.net  |  |
| I am happy for my photo to be used within service/media promotion and can be used on social media |  |
| I am happy for my anonymised comments to be used as learning across the Trust |  |
| I am happy to be added to an email distribution list  |  |
| **Signed:** | **Date:** |

**Please return completed forms to** **catherinegallagher@nhs.net**