

<p>The Ipswich Hospital NHS Trust User Group/Peoples Panel – Expression of Interest Form</p>

All information supplied will be treated as STRICTLY CONFIDENTIAL

We need the following details to contact you (Section 1). We have also asked for information that can help us to see if our membership will represent our users – this information is optional but would be very helpful to us (Section 6).

1. PERSONAL DETAILS

Last Name:	Title:
First Name/s:	
Home Address:	
Postcode:	
Home Telephone:	Daytime telephone if different: Mobile number:
Email:	
How do you prefer to be contacted: Telephone [<input type="checkbox"/>] If so which one	
Email [<input type="checkbox"/>] By post [<input type="checkbox"/>]	
The trust is committed to providing equal opportunities for all. If you have a disability, health problem or English is not your first language, please give details below of any services or support that you would like the Trust to provide in order for you to become involved.	
Details:	

2. AREAS OF INTEREST

From time to time, the Trust will be consulting with and involving patients, their families, carers and the wider community on the services it provides to help develop these services and to formulate policies. This could be in a number of ways; questionnaire, interview, one-off meeting, short-term project or focus group.

Please indicate how you are interested in becoming involved:

- Joining a User Group (please also complete section 3) []
- Questionnaire/surveys []
- Interviews []
- Focus Groups []
- User Representative on working groups and project groups []
- One-off meetings []
- Inspections/audits (eg food/cleaning) []

3. USER GROUPS

Please indicate which User Group/s you would like to join (a maximum of two is recommended because of the time commitment involved).

Eligibility for membership of a User Group – recent* users (or carers of a recent user) of services; representatives from appropriate organisations able to represent user-experiences.

Cancer Services	[]	Maternity Services	[]
Cardiology	[]	Musculoskeletal Action Group	[]
Diabetes	[]	Older People	[]
Endoscopy	[]	Pain Management	[]
Eye Clinic	[]	Parents Group	[]
Hearing Services	[]	Stroke Services	[]
Hotel Services	[]	Readers Panel	[]
Inflammatory Bowel Disease	[]	Voice 4 Change (young people)	[]
LD Expert Patient Group	[]		

- ‘recent’ means within the last 12/18 months

4. YOUR SKILLS, EXPERIENCE AND WHY YOU WANT TO BE INVOLVED?

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5. CONFIDENTIALITY

Everyone working for the NHS has a legal duty to keep information about you confidential and you have the right to say no if you do not want information about you given to others. You have the right to have your details removed from the database at any time.

Why we collect your information:

Personal Details (Section 1) – to enable us to contact you.

Optional Details (Section 5) – to enable us to see if we have reached a wide representation of our users.

What we do with your information:

We store your contact details and areas of interest on our Peoples Panel Database – password protected and accessible only to designated staff.

The Optional Information is anonymised and stored separately to enable us to produce aggregated reports to monitor how well we reach a wide representation of our users.

Who we share your information with: (we will never pass your personal details to a third party without your permission)

We share your name and areas of interest with those involved in the recruitment of panel members, Trust Leads and Chairs of User Groups you join.

We will not share your contact details without your permission.

We never share your Optional Details as these are anonymised and aggregated.

I certify, to the best of my knowledge, that the information provided on this Expression of Interest form is correct.

Signed: Date:

PRINT NAME:

How did you hear about this involvement with The Ipswich Hospital NHS Trust?

Please return form to:

**Pam Talman
Patient Experience Coordinator
The Ipswich Hospital NHS Trust
First Floor, Education Centre
Postbag no. C365
Ipswich
Suffolk
IP4 5PD**

6. OPTIONAL DETAILS – this section will be detached and kept separately

This information will be used for statistical purposes only – no personal details will be disclosed.

This information helps us see if we have reached a wide representation of our users.

Gender

- Male
- Female
- Do not wish to disclose

If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender.

Do you live and work in a gender other than that assigned at birth

- Yes
- No
- Do not wish to disclose

What age group do you belong to?

- 18-25
- 26-35
- 36-45
- 46-55
- 56 –65
- 65+
- Do not wish to disclose

Do you consider yourself to have a disability?

The Equality Act 2010 protects people who are disabled including those with long-term health conditions.

- Yes
- No
- Do not wish to disclose

If 'Yes' please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

- | | |
|--|---|
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Learning Disability / Difficulty |
| <input type="checkbox"/> Sensory Impairment | <input type="checkbox"/> Long-standing Illness |
| <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Other |

Please indicate which ethnic group you consider yourself to belong to?

White

- White – British (to include Northern Ireland, Scotland & Wales)
- White – Irish
- White - European
- Other White

Black

- Black or Black British – Caribbean
- Black or Black British – African
- Other Black

Asian

- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Chinese
- Other Asian

Mixed

- Mixed – White & Black Caribbean
- Mixed – White & Black African
- Mixed – White & Asian
- Other Mixed

Other/unknown

- Ethnic identity not known
- Do not wish to disclose

If you have selected 'Other' please state which group you consider yourself to belong to:

How would you describe your sexual orientation?

- Heterosexual
- Gay
- Lesbian
- Bi-sexual
- Do not wish to disclose

Please indicate which religion you consider yourself to belong to?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Do not wish to disclose
- Other religion please state:

Please indicate your marital status:

- Married/civil partnership
- Single