

### Section 5: How would you like to be involved and share your views?

- Through meeting other members at local venues
- Through online blogs
- Through discussions with NHS Staff responsible for policy decisions
- Through completing online Surveys
- Through completing Paper-based surveys
- Through taking part in seminars, one-to-ones and focus groups

### Section 6: How would you like to be kept informed and receive feedback?

- Receive group emails
- Information on our website
- By letter
- Receive our quarterly magazine
- Information in local GP surgeries
- Open meetings at NHS Premises

### Section 7: How did you hear about us?

- By letter
- Leaflet in GP Surgery
- Display in public area
- Advertisement on our website
- Local Newspaper
- Radio advertisement
- Word of mouth
- NHS Staff member
- Other (please specify)

### Section 8: Declaration

I would like to become a member of 'Now Have Your Say', the public forum concerning NHS Stoke on Trent.

Signature  Date    20



### General information

We want as many local people as possible to become members of 'Now Have your Say' – the public forum for NHS Stoke on Trent. In order to enable us to communicate with you effectively, and to ensure that we build a representative membership, we need you to tell us a bit about yourself. Please fill in the form below and return this to NHS Stoke on Trent, Membership Department, London House – 4th Floor, 4 Hide Street, Stoke on Trent ST4 1NF. All of the information you provide will be kept strictly confidential in accordance with the Data Protection Act 1998 and we will only use this for matters relating to your membership.

### Section 1: About you

Title: Mr/Mrs/Miss/Dr/Rev/Other:

First name:

Last name:

Date of birth:     19   Gender: Male  Female

Address:

Postcode:

Ethnicity:

*White:*  White British  White Irish  Any other White background

*Mixed:*  White and Black Caribbean  White and Black African  
 White and Asian  Any other Mixed background

*Asian/Asian British:*  Indian  Pakistani  Bangladeshi  
 Any other Asian background

*Black or Black British:*  Caribbean  African  Any other Black background

*Other Ethnic group:*  Chinese  Any other Ethnic group

## Section 2: Your contact details

Fill in your details and tick the box to select your preferred method of contact:

Home tel:

Work tel:

Mobile:   Text

Email:

Please indicate any special postage requirements:

Large Print  Audio Tapes  Braille  Other (please specify)

Please list any language requirements:

## Section 3: Other personal information (optional)

What is your employment status?

Working Full Time  Working Part Time  Looking After Family

In education  Retired  Unemployed

Not seeking work  Other (please state)

I do not wish to disclose

Is the home in which you live:

Owned outright or with a mortgage  Rented from a private landlord

Rented from council  Rented from Housing Association/Trust

Other (please state)

Health and Lifestyle:

Smoker  Heart Problems

Diabetes  Do you suffer from any other medical condition?

## Section 4: What are your interests?

GP/Dentist Patient Experience

How healthcare budgets are allocated/distributed

Improving NHS Communications  Services for the elderly

Availability of health programmes  Fitness/Well-being

Hospital services  Patient Choices

Other (please state)

Are you a member of any other health-related groups or organisations?

If yes, please specify?

