

Joined Up Care Derbyshire

Citizens Panel Application Form



Personal details (*essential information)

Title: First name*: Surname*:

Date of birth*: (you must be 16 and over)

Gender*: Male Female Other (please state):

Address*:

Postcode*:

Which GP Practice are you registered at (if any)?*

Are you a member of your GP's Patient Participation Group? Yes No

Telephone: Mobile:

Email:

Do you have any access requirements? (e.g. interpreter needed for events/focus groups, large print) Yes No

If yes, please specify:

It is important that our membership reflects the diversity of people who use health and care services in Derbyshire. Please help us to ensure this by providing the following information:

Do you consider yourself to have a disability? Yes No Prefer not to say

If yes, please specify:

How would you describe your ethnicity?

- | | |
|---|---|
| <input type="radio"/> White (English, Welsh, Scottish, Northern Irish, British) | <input type="radio"/> Asian or Asian British (Pakistani) |
| <input type="radio"/> White (Irish) | <input type="radio"/> Asian or Asian British (Bangladeshi) |
| <input type="radio"/> White (Gypsy or Irish Traveller) | <input type="radio"/> Asian or Asian British (Chinese) |
| <input type="radio"/> White (Any other White background) | <input type="radio"/> Asian or Asian British (Any other Asian background) |
| <input type="radio"/> Mixed (White and Black Caribbean) | <input type="radio"/> Black or Black British (African) |
| <input type="radio"/> Mixed (White and Black African) | <input type="radio"/> Black or Black British (Caribbean) |
| <input type="radio"/> Mixed (White and Asian) | <input type="radio"/> Black or Black British (Any other Black background) |
| <input type="radio"/> Mixed (Any other Mixed background) | <input type="radio"/> Arab |
| <input type="radio"/> Asian or Asian British (Indian) | <input type="radio"/> Other ethnic group |

How would you describe your sexual orientation?

How would you like to be involved?

- Take part in surveys.
- Attend workshops and face to face meetings.
- Take part in focus groups around specific areas of interest.
- Act as a representative of a particular group or community at meetings or on committees (Patient and Public Ambassador).
- Patient Stories (share your experience of care and treatment).

Areas of Interest

- Acute/Urgent Care
 - Adult Social Care
 - Cancer
 - Carer issues
 - Children's and Young People services
 - Community Services
 - Dementia
 - Dermatology
 - Diabetes
 - Epilepsy
 - Gastroenterology (digestive system)
 - GPs
 - Gynaecology
 - Heart Conditions
 - High Blood Pressure
 - Homecare/Residential Care
 - Kidney Disease
 - Learning Disability/Autism
 - Maternity
 - Mental Health
 - Musculoskeletal Disorders (conditions that affect the muscles bones and joints)
 - Nursing Care
 - Pharmacies
 - Primary Care
 - Respiratory Illness
 - Self-Care
 - Sensory Impairments
 - Stroke
 - Technology advances in Health
- Other (Please state):

Are you a parent or guardian of a person under 16? Yes No

Are you a carer?

(a carer looks after or gives help / support to family members or friends, e.g. due to a long term physical or mental ill health issue, or problems related to old age) Yes No

Are you a member of any local voluntary or community organisation? Yes No

If yes, please specify:

Are you a governor at an organisation? (e.g. health or education) Yes No

If yes, please specify:

The details that you provide on the membership application form will be kept completely confidential, and will be stored by MES, the independent organisation that manages the panel on behalf of Derbyshire Healthcare NHS Foundation Trust. MES is a Market Research Society Company Partner and fully adheres to the Data Protection Act 2018. To agree to become a Citizens' Panel member of Joined up Care Derbyshire, to support the design and delivery of health and care services for its 8 partners please sign below. The information you provide us with will only be used for matters pertaining to the Citizens' Panel. Our privacy notices can be viewed via:

<https://www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity/using-website> and <https://secure.membra.co.uk/Documents/MESPrivacyStatement.pdf>

Signature*:

Date:

If you require this document in an alternative format please get in touch.

Tel: 0115 931 6242

Email: joinedupcarederbyshire@nhs.net