

Contact details

(Remember you must be 12 or over). * Denotes required fields

| | | |
|---|-----------------------|------------|
| Mr / Mrs / Miss / Ms / Other: | DOB (minimum age 12): | dd/mm/yyyy |
| First Name *: | | |
| Surname *: | | |
| Address *: | | |
| | Postcode *: | |
| Telephone Number *: | | |
| Mobile Number: | | |
| Email *: | | |
| Preferred method of contact (please tick): <input type="radio"/> Email <input type="radio"/> Post <input type="radio"/> Phone | | |

Ethnicity

Please tick your ethnic group:

- White
- Mixed ethnicity
- Asian/Asian British
- Black/Black British

Other (please specify)

Involvement

Please tick your level of involvement:

- Be informed**
 - Receive regular newsletter and updates
 - Receive regular communications
 - Receive an invitation to the Annual Members' Meeting
- Be involved** (plus be informed)
 - Participate in surveys, questionnaires, consultations
 - Participate in focus/discussion/advisory groups
 - Be involved in volunteering for the Trust
- Take a lead** (plus be informed and involved)
 - Encourage new members to join the Trust
 - Invitation to stand for election as a governor to represent the views of your constituency, raising views on behalf of members
 - Collect and feedback the views of your constituency
 - Attend formal meetings of the Council of Governors

Sign and date

Signature *:

Date:

Please sign and return this form to:

Membership Office
Level 3, Jevington Building
Brighton General Hospital
Brighton BN2 3EW

Declaration:

Please sign and date this form to apply to become a member of Sussex Community NHS Foundation Trust. I agree to be bound by the rules of the organisation and I understand that the processing of my information is for the purpose of the Trust to meet the legal requirements set out in UK law, or exercise the official authority established for a Foundation Trust as a public body. I also understand that my personal information will only be used in relation to my membership of Sussex Community NHS Foundation Trust and not shared elsewhere. If you are under 16 your parent/guardian will need to sign this form on your behalf.