

JOIN US: BECOME A MEMBER

We want as many people as possible to become members of our NHS foundation trust. Membership is free and it's easy to register. Please print, fill out the form and put it in an envelope and send it to the freepost address shown below. No stamp needed. Or join us online at www.sussexcommunity.nhs.uk/ft

Contact details:

Title Mr Mrs Miss Ms Other

First Name

Surname

Address

Postcode Daytime Tel No Mobile No

Email Address

We would prefer to contact members by email because it has less impact on the environment and is cheaper. If you would prefer to receive information by post, please tick here

About you

We are committed to building a membership that reflects the diverse communities we serve and we would be grateful if you would complete the following section:

Gender Male Female Transgender

Date of Birth:* Date Month Year

Do you consider yourself to have a disability?

Yes No Prefer not to say

Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Other Black background |
| <input type="checkbox"/> Other White | <input type="checkbox"/> Indian |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> White & Black African | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White & Asian | <input type="checkbox"/> Other Asian background |
| <input type="checkbox"/> Other mixed background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Other ethnic group |

Sexual orientation

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Gay Man | <input type="checkbox"/> Gay Woman/Lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer Not to Say |

From our service listing please tell us which of our services you are interested in:

Please tell us how you heard about membership by ticking the relevant box below

At a public meeting

Via our website

Through the local press

Received a leaflet in the post

Via our services/staff

Other

Please state

If you do not wish your name to appear on a public register of members please tick here

This information will only be used by this trust for membership purposes. It will be stored, processed and used in accordance with the Data Protection Act 1998.

All our members will receive a copy of our newsletter.

Please tell us how you'd like to be involved by ticking all that apply below

Do online surveys/provide feedback online

Take part in interest led consultation/focus groups

Attend meetings or events

Find out more about becoming a governor

Please tick all the following which apply to you

Live in West Sussex or Brighton & Hove

Live directly outside West Sussex or Brighton & Hove

Someone who uses our services

A carer of someone who uses our services

Volunteer

Signature

Date

* If you are under 16 please ask your parent or guardian to complete the below. Children 11 or younger are unable to join.

Name

Relationship to You

Signature

Date

Thank you for registering to join us.

Please send the form to us at:

FREEPOST RSXG-XTCJ-BBBT, Foundation Trust Membership Office, Sussex Community NHS Foundation Trust, Brighton General Hospital, Elm Grove, BRIGHTON BN2 3EW. No stamp is required.

For further information please contact us at:

sc-tr.sctmembership@nhs.net | twitter.com/nhs_sct | facebook.com/sussexcommunitynhs

Tel: 01273 696011 ext. 3115