

Becoming a member is as easy as 1, 2, 3:

1. Fill in this form
2. Send it back to us freepost
3. Get involved

We will only use this information to update you on issues related to our Trust and will store it in accordance with the Data Protection Act. *Indicates a required field

About You

*Title *First name *Surname

*Gender (please tick)

Male Female *Date of birth (date/month/year)

*I am over 14 and do not work for the East & North Hertfordshire NHS Trust (please tick)

*Address
 *Postcode

If you do not want to appear on the public register please tick

Other ways to contact you (please give details of at least one)

Phone Mobile

Email

Do you have special contact requirements (please tick)

Large print Audio Braille Other language (please state)

Do you have a disability (please tick)

Yes No (please state)

*Ethnicity (please tick one)

White: British <input type="checkbox"/>	Mixed Black Caribbean <input type="checkbox"/>	Asian Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	White: Black African <input type="checkbox"/>	British: Pakistani <input type="checkbox"/>	British: African <input type="checkbox"/>
Other <input type="checkbox"/>	Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other: Chinese <input type="checkbox"/>
			Other ethnicity (please state) <input type="text"/>

Your Membership

I would like to be involved (please tick one)

Often (updates, surveys, workshops, working groups, events, recruiting members)
Occasionally (updates, surveys, events)
Just send me the newsletter

I would be interested in information about standing as a governor (please tick)

I am interested in (please tick at least one)

All hospital services <input type="checkbox"/>	Emergency medicine <input type="checkbox"/>	Renal <input type="checkbox"/>	Women's & children's services <input type="checkbox"/>
Cancer care <input type="checkbox"/>	Finance <input type="checkbox"/>	Radiology <input type="checkbox"/>	Workforce <input type="checkbox"/>
Chronic conditions <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Surgery <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
Elderly care <input type="checkbox"/>	Heart services <input type="checkbox"/>	Volunteering <input type="checkbox"/>	<input type="text"/>

I am (please tick if applicable)

A patient A carer A volunteer with the Trust

A member of a local health-related group (please give details)

Please return completed forms to: Freepost RRBA-KEKX-BLHH,
East and North Hertfordshire NHS Trust, Lister Hospital (L70),
Coreys Mill Lane, STEVENAGE, SG1 4AB.

