

**Join our growing membership in helping shape and develop**

**health care in North Lincolnshire**

# Registration Form to join Embrace

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| North Lincolnshire Clinical Commissioning Group (CCG) is the NHS organisation that commissions (or buys) local health services for the residents of the North Lincolnshire. That includes hospital, mental health and community health services.  Improving health services in our area isn’t just down to us in the NHS – it is as much down to you – the people who live here and use those services.  The idea behind Embrace is to enable the CCG to build up a network of local people, patients, carers, voluntary sector representatives and other partners. Membership is open to | anyone with an interest in health services across North Lincolnshire and it is free to join.As a member of Embrace, you will have the opportunity to influence the development of local health services and work with us to improve them. How much you get involved is entirely up to you.  We will contact you regularly to ask you to take part in surveys, focus groups, meetings or events about services we commission. To make this as relevant as possible, please let us know your specific areas of interest. We will also send you a copy of our regular public newsletter. |

**Your interests**

**Your contact details**

|  |  |
| --- | --- |
| Title: | Mr / Mrs / Ms / Miss / Dr / Other (please state) |
| First Name (s) |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Home Phone |  |
| Mobile Phone |  |
| Email  We would like to contact as many Embrace members as possible by email, as this is the most cost-effective method of communication. | |
| Are you registered with a GP practice in the North Lincolnshire area?  ❏ Yes ❏ No  If so which Practice are you registered with?  ……………………………………………………………………….. | |
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| Older people, carers and dementia |  |
| Urgent care / Accident and Emergency |  |
| Outpatient clinics (e.g. dermatology, ophthalmology) |  |
| Discharge from hospital |  |
| End of life care |  |
| Primary Care (GP services) |  |
| Physical and learning disability services |  |
| Long term conditions – e.g. diabetes, asthma, arthritis, Parkinson's etc. |  |
| Managing your own condition (self- help or self-care) |  |
| Maternity |  |
| Mental health services for adults |  |
| Mental health services for young people |  |
| Prescribing and medicines management |  |
| Tick here if you want to receive information we are asked to share with members by health care partners (e.g. the local hospital) |  |
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| **How I want to be involved** | |
| Attend focus groups / workshops on your areas of interest listed above |  |
| Help make our information easy to understand |  |
| Take part in surveys |  |

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|  | **We want to build a network that reflects our community and make sure everyone has the opportunity to get involved. To help us to do this, please answer the following questions.** | |
| **Gender:** | ❏ Male ❏ Female ❏ Transgender ❏ Prefer not to say |
| **Date of birth:** | …………/…………/………….. |
| **Do you consider yourself to have a disability or a long term health condition?** | ❏ Yes ❏ No |
| **Do you have any special information requirements?** | ❏ Large print ❏ Language other than English (state below)  …………………………..............................  ❏ Other requirement  (state below)  ......................................................... |
| **Do you consider yourself to be a carer? (eg. caring for someone with a long term health condition, disability, or special need?)** | ❏ Yes ❏ No |
| **What is your ethnic group?** | ❏ White/White British ❏ Mixed/multiple ethnic group  ❏ Asian/Asian British ❏ Black/African/Caribbean/Black British  ❏ Chinese ❏ Prefer not to disclose  ❏ Any other ethnic group (Please specify)  …………………...................................................................................................................... |

**A bit more about you…**

**Monitoring Information**

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| --- | --- | --- | --- |
| **We’d like to get an idea about why you are joining Embrace and if you have any other local networks that you’re involved with. Please tick any/ all that apply out of the following:** | | | |
| I live in the North Lincolnshire area |  | I don’t live in the area but I do access health services in this area |  |
| I am a member of my GP practice Patient Participation Group |  | I am a Foundation Trust member |  |
| I am a member of Healthwatch |  | I am a locally elected representative (e.g. Councillor) |  |
| I am a volunteer with a voluntary sector organisation (please state which) |  | I am a member of staff in an NHS organisation, the local authority or other statutory local service |  |
| I am a member of staff in a voluntary sector organisation (please state which) |  | I am a member of staff in a care home/ residential home/ other care setting |  |

## Confidentiality and Data Protection:

In accordance with current UK Data Protection legislation, any information you provide on this form will be kept secure, treated confidentially, and only used for the purposes of developing and maintaining our public engagement via the Embrace membership. Your personal information will not be shared with any other agencies. If at any time you wish to leave the database please contact us.  
  
**Signature**: ....................................................................................................................**Date**: ...........................

## Thank you for taking the time to complete this form and for joining our Embrace network. Please return your form to:

**FREEPOST NLCCG**

**(There is no need to write anything else on the envelope and postage is free)**

**Tel**: 01652 251067  **Email**: [nlccg.embrace@nhs.net](mailto:nlccg.embrace@nhs.net)