

The Queen Elizabeth Hospital King's Lynn Membership Foundation Trust Application Form

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|-------------------------|--|
| Contact Details | |
| Title and Name | |
| Address | |
| Postcode | |
| Preferred Email address | |
| Work Email address | |
| Home telephone number | |
| Mobile telephone number | |
| Date of Birth | |

About you (you do not have to give us the following information, but it would help us to understand our membership if you do so. (please select as appropriate))

| | | |
|--------------------------------|-----------------------------------|--|
| White (W) British | Asian / Asian British - Indian | |
| White Irish | Asian / Asian British – Pakistani | |
| White (any other) | Asian / AB – Bangladeshi | |
| Black (B) /B British Caribbean | Asian / AB – Any other | |
| B/BB African | W & B Caribbean | |
| B/BB Any other | W & B African | |
| | W & Asian | |
| Prefer not to state | Any other mixed | |

If you work at The QEH you do not need apply – you are already a member. Upon leaving the Trust, ex-staff may wish to apply to join as a public member.

| | |
|--|--|
| Have you been a patient/visitor in the last 3 years? | Please select from: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Carer <input type="checkbox"/> Visitor <input type="checkbox"/> |
|--|--|

Do you have a disability? Yes / No (Please circle)

| | |
|-------------------------------------|--|
| Do you have a disability? | Yes / No (Please circle) |
| If you have a disability, is it...? | Please select from: |
| | Physical <input type="checkbox"/> |
| | Sensory <input type="checkbox"/> |
| | Mental Health <input type="checkbox"/> |

I am interested in (please select as many options as appropriate)

| | | |
|---------------------------|------------------------------|--|
| A&E/Surgery/Day Surgery | Heart / Stroke / Lungs | |
| Arthritis / Mobility | Mental Health Services | |
| Cancer Services | Ophthalmology (Eyes) | |
| Care of the elderly | Orthopaedics | |
| Children's Health | Parking/Cleanliness/Catering | |
| Diabetes | Physiotherapy | |
| Ear, Nose & Throat | Renal / Urology | |
| General / Patient Welfare | Women's Health | |

The Queen Elizabeth Hospital King's Lynn Membership Foundation Trust Application Form

I would like to become a member of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust. When I become a member I would be interested in: please select as many options as appropriate)

| | | | |
|---|--|-------------------------------|--|
| Receiving regular information | | Attending a Focus Group Event | |
| Attending meetings or events | | Becoming a volunteer | |
| Standing for election to the Governors' Council | | Helping with fundraising | |

I apply to be a member of The Queen Elizabeth Hospital King's Lynn Foundation Trust and be bound by the rules of the organisation.

I give consent to the processing of my information **please place a X or ✓ to agree**

We are required to keep a public register of members (**names & constituency only**).

Please place a X in the box if you do NOT want your name to appear on this register

The information you give us will be:

Stored on our database in compliance with current UK data protection legislation. Any information you provide to us on this form will be kept secure, treated confidentially and only used to contact you about the Queen Elizabeth Hospital King's Lynn or in respect of your FT Membership with us.

Note: As a member, you will not receive any special benefits in terms of care or treatment.

NHS Health Service Discounts: Public members are eligible to join the Health Service Discount scheme, which is usually reserved for NHS employees. With everything from holidays and hotels to retail and relaxation, public members gain free access to companies offering discounts unavailable on the high street. Sign up information will be provided with your welcoming membership newsletter.

On completion please return the form by email to FT.Membership@qehkl.nhs.uk or to:

Foundation Trust Membership Office
 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
 Gayton Road
 King's Lynn
 Norfolk PE30 4ET

You could join online at: www.qehkl.nhs.uk and follow the link or:

<https://secure.membra.co.uk/queenelizabethApplicationForm/>

Phone: Foundation Trust Office on 01553 613142 or

Email: FT.Membership@qehkl.nhs.uk

Thank you