

# Join us

## Register of Interest and Member Registration Form

### Your information

Title: \_\_\_\_\_ First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_

House no. or name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth

DD	MM	YY
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Would you prefer to receive information by

Letter  Email

Please say which local authority area you belong to:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Poole        | <input type="checkbox"/> East Dorset           |
| <input type="checkbox"/> Bournemouth  | <input type="checkbox"/> North Dorset          |
| <input type="checkbox"/> Christchurch | <input type="checkbox"/> West Dorset           |
| <input type="checkbox"/> Purbeck      | <input type="checkbox"/> Weymouth and Portland |

### Getting involved

I would like to become a member of Poole Hospital NHS Foundation Trust. When I become a member I would like to:

- receive regular information
- attend meetings or events
- participate in the election of the Council of Member Representatives
- consider standing for election to the Council of Member Representatives

In compliance with current UK Data Protection legislation, any information you provide will be kept secure, treated confidentially and used only in connection with membership and public involvement.

### Ensuring equal access for all

We want to involve the whole community – this information will help us to do so.

Are you:

Male  Female

**What is your ethnic group**  
(please choose one of the following options)

#### White

White British  Irish  
 Other White

#### Black or Black British

Caribbean  African  
 Other Black

#### Asian or Asian British

Indian  Pakistani  Bangladeshi  
 Other Asian

#### Mixed

White and black Caribbean  White and black African  
 White and Asian  Other mixed

#### Chinese or any other ethnic group

Chinese  Any other

Do you consider you have a disability?

YES  NO

Do you work at Poole Hospital?

YES  NO

Have you been a patient in the last three years?

YES  NO

I have a particular interest in the following services:

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