

**involve – The Engagement Network for East Riding of Yorkshire Clinical Commissioning Group**

# Registration Form to join ERY ‘involve’

East Riding of Yorkshire Clinical Commissioning Group is the NHS organisation that commissions/buys local health services for the residents of the East Yorkshire. That includes hospital, mental health and community health services.

We would like you to work with us to improve health services in our area.

The idea behind **involve** 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 East Yorkshire. As a member of **involve**, 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/ 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 contact details:

Title:	Mr / Mrs / Ms / Miss / Dr / Other (please state)
First Name (s)	
Surname	
Address	
Postcode	
Home Phone	
Mobile Phone	
Email	
<p>We would like to contact as many <b>involve</b> members as possible by email, as this is the most cost-effective method of communication. If you are NOT willing to receive information by email please tick this box. <input type="checkbox"/></p>	
<p>Are you registered with a GP practice in the East Yorkshire area?          Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

## Your interests:

Please tell us which health issues or services you have a particular interest in by ticking the appropriate boxes below. Please tick ALL that apply.

Care Homes – residential and nursing	<input type="checkbox"/>	Mental health services for adults	<input type="checkbox"/>
Care of older people	<input type="checkbox"/>	Mental health services for young people	<input type="checkbox"/>
Child health	<input type="checkbox"/>	Minor injuries services	<input type="checkbox"/>
Community hospitals	<input type="checkbox"/>	Musculo-skeletal services	<input type="checkbox"/>
Dementia services	<input type="checkbox"/>	Out of hours GP services	<input type="checkbox"/>
Discharge from hospital	<input type="checkbox"/>	Outpatient clinics and follow-ups	<input type="checkbox"/>
End of life care	<input type="checkbox"/>	Rehabilitation services	<input type="checkbox"/>
GP referrals	<input type="checkbox"/>	Reviewing patient information – leaflets, DVDs, etc	<input type="checkbox"/>
Healthy eating and physical activity	<input type="checkbox"/>	Services working together in the community (e.g. closer working between health and social care)	<input type="checkbox"/>
Learning disability services	<input type="checkbox"/>	Urgent care / Accident & Emergency	<input type="checkbox"/>
Long term conditions – e.g. diabetes, asthma, arthritis, Parkinson's etc.	<input type="checkbox"/>		
Managing your own condition (self-help or self-care, expert patients etc)	<input type="checkbox"/>		

This list is not meant to cover everything, so please tell us if you have any other areas of interest below:

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# Registration Form (continued)

## Monitoring information:

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.

<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
<b>Age group:</b>	<input type="checkbox"/> Under 18	<input type="checkbox"/> 18 to 24 years	<input type="checkbox"/> 25 to 34 years
	<input type="checkbox"/> 45 to 59 years	<input type="checkbox"/> 35 to 44 years	<input type="checkbox"/> 60 to 74 years
	<input type="checkbox"/> 75 to 84 years	<input type="checkbox"/> 85 years and over	
<b>Do you consider yourself to have a disability or a long term health condition?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Do you have any special information requirements?</b>	<input type="checkbox"/> Large print	<input type="checkbox"/> Language other than English (state below) .....	
	<input type="checkbox"/> Audio recording (eg. CD or MP3)	<input type="checkbox"/> Other requirement (state below) .....	
<b>Do you consider yourself to be a carer? (e.g. caring for someone with a long term health condition, disability, or special need?)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>What is your ethnic group?</b>	<input type="checkbox"/> White	<input type="checkbox"/> Mixed/multiple ethnic group	
	<input type="checkbox"/> Asian/Asian British	<input type="checkbox"/> Black/African/Caribbean/Black British	
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Prefer not to disclose	
	<input type="checkbox"/> Any other ethnic group (Please specify) .....		

## A bit more about you:

We'd like to get an idea about why you are joining **involve** 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 East Yorkshire area	<input type="checkbox"/>	I don't live in the area but I do access health services in this area	<input type="checkbox"/>
I am a member of my GP practice Patient Participation Group	<input type="checkbox"/>	I am a Foundation Trust member	<input type="checkbox"/>
I am a member of Healthwatch	<input type="checkbox"/>	I am a locally elected representative (e.g. Councillor)	<input type="checkbox"/>
I work with a voluntary sector organisation (please state which) .....	<input type="checkbox"/>	I am a member of staff in an NHS organisation, local authority or other statutory local service	<input type="checkbox"/>
I represent the following diverse group (please state which) .....	<input type="checkbox"/>	I am a member of staff in a care home/ residential home/ other care setting	<input type="checkbox"/>

**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 EYPEN 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 network. Please return your form to:  
ERY **involve** FREEPOST: RRZE-LKKK-LJHY, NHS East Riding of Yorkshire, Health House, Grange Park Lane, Willerby, HU10 6DT

Tel: 01482 672156

Email: [ERYCCG.ContactUs@nhs.net](mailto:ERYCCG.ContactUs@nhs.net)