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**Royal Brompton and Harefield NHS Foundation Trust and**

**King’s Health Partners Partnership**

**Expression of interest form**

**Becoming a patient or carer member of the**

**Patient-Public Reference Group or a Delivery Board.**

Please complete and return the attached form if you would like to become a member of the **Patient-Public Reference Group** or one of our **Delivery Boards.** The information you provide below will help us to understand your interests and match you to a committee or other activity. The information will be treated confidentially.

You can complete this form on your computer by placing the mouse cursor on the grey shaded areas to type in details or by clicking your mouse cursor to tick a box. The boxes will expand as you type.

Below you will find information about the different committees.

**About our Patient-Public Reference Group**

Our Patient-Public Reference Group was established January 2019. Its membership includes representatives of local and national charities that support the interests of heart and lung patients, as well as adult patients and parents or carers of young patients who have direct experience of heart and lung services. We are seeking additional participants to extend the group’s membership so it reflects the different communities and patients that we serve.

The group has an important role to play in ensuring the views of other patients and carers are sought and taken into consideration in the development of our proposals.

|  |  |
| --- | --- |
| **Committee** | **Frequency and approximate time of meetings** |
| Patient-Public Reference Group | Monthly | Tuesday or Thursday, evening 5.30pm – 7.00 / 7.30pm |

Members are also invited to take part in other events, such as workshops with patients and clinicians

**About our Delivery Boards**

The programme’s Delivery Boards are responsible for overseeing the timely development of the Partnership’s proposals and plans for the way we want to change and improve the heart and lung services we provide now and in the future. There are three Delivery Boards, which meet as follows:-

|  |  |
| --- | --- |
| **Committee** | **Frequency and approximate time of meetings** |
| Children’s Delivery Board | Monthly | Mondays, evening |
| Cardiovascular Delivery Board | Monthly | Fridays, early morning |
| Respiratory Delivery Board | Monthly | Fridays, early morning |

They are chaired by non-executive directors and include senior clinicians, directors, and research and clinical-academic leaders from each partner organisation.

1. **Your contact details**

|  |  |
| --- | --- |
| Title (please tick or delete as appropriate): | Mr [ ]  Mrs [ ]  Miss [ ]  Other [ ]  (please detail here)       |
| Your full name |       |
| Your Address: |       |
| Postcode: |       |
| Email address:  |       |
| Telephone: |       | Mobile: |       |

**B) About you**

**I am (please tick, as appropriate):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ] [ ]  | **an adult patient with:**a heart conditiona lung condition | [ ] [ ]  | **a parent or carer of a child / young patient with:**a heart conditiona lung condition | [ ] [ ]  | **the carer of an adult patient:**a heart conditiona lung condition |

Please tell us which **hospital** you (or the person you care for) attend for your / their **heart and / or lung care:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Royal Brompton Hospital, Chelsea | [ ]  | St Thomas Hospital, Westminster | [ ]  | Guy’s Hospital, London Bridge |
| [ ]  | Evelina London Children’s Hospital,  | [ ]  | King’s College Hospital, Denmark Hill | [ ]  | The Variety Children’s Hospital, Denmark Hill |
| [ ]  | Another hospital not listed here, please tells us:       |

1. **Please tell us which committee you would like to join and / or if there are other activities you would like to take part in.**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Patient Public Reference Group | [ ]  | Children’s Delivery Board |
| [ ]  | Cardiovascular (heart) Delivery Board | [ ]  | Respiratory (lung) Delivery Board |
| [ ]  | Workshops with clinicians, managers and other patients and carers | [ ]  | Responding to surveys |
| [ ]  | Reading and commenting on written materials |  |  |

**D) Please take a few minutes to tell us why you are interested in becoming a member of this group?**

Please use the space below to tell us a little about yourself and why you would like to become a lay member of our Patient-Public Reference Group? How do you think your knowledge of heart and / or lung services might contribute to our work?

|  |
| --- |
|       |

**E) Special requirements and other assistance**

Please let us know if you require any assistance or have any special requirements so that we can provide the support you might need to take part.

|  |  |  |
| --- | --- | --- |
| Do you have any special dietary requirements? (Please tick as appropriate)  | Yes [ ]  | No[ ]  |
| If yes, please describe below.      |
| Please use this space to tell us about any other support or assistance you may require:      |

**Please continue to complete the form on the next page**

**H) Helping us to understand more about the patients and the community we serve**

This information will be used by the partner organisations to help us monitor the effectiveness of our equality and inclusion policies and to help comply with legal requirements. Please take a few minutes to complete this section, to help us to check that we are reaching all parts of the community.

**Your ethnic background (please tick one box)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White | [ ]  | Asian or Asian British | [ ]  | Black or Black British | [ ]  |
| Chinese or other ethnic group | [ ]  | Mixed | [ ]  | Prefer not to say | [ ]  |

**Your age (please tick one box)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Under 18 | [ ]  | 18-34 | [ ]  | 35-54 | [ ]  | 55-74 | [ ]  | 75+ | [ ]  |

**Gender – how do you describe yourself?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Female | [ ]  | Male | [ ]  | Prefer not to say | [ ]  |

**Sexual orientation - How would you describe your sexual orientation?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bisexual | [ ]  | Gay man  | [ ]  | Gay woman / lesbian | [ ]  |
| Straight / heterosexual | [ ]  | Other | [ ]  | Prefer not to say | [ ]  |

**Religion (please tick one box)**

|  |  |  |  |
| --- | --- | --- | --- |
| Christian *(including Church of England, Catholic, Protestant and all other Christian denominations)* | [ ]  | Muslim | [ ]  |
| Buddhist | [ ]  | Sikh | [ ]  |
| Hindu | [ ]  | Other religion, please state: | [ ]  |
| Jewish | [ ]  | Prefer not to say | [ ]  |

**Disability (please tick one box)**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you consider yourself to have a disability that is recognised by the Disability Discrimination Act (1995)? | [ ]  Yes | [ ]  No | [ ]  Prefer not to say |

Please return this form to gst-tr.rbhkhp@nhs.net

Patient and Public Engagement

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