

# Get involved!

## Your details

Title: .....

First Name: ..... Last name: .....

Tel: ..... Email: .....

Address: .....

..... Post code: .....

## Q1. Would you like to be more involved?

**Yes**, I would like to be more involved  
(please go to question 2, below)

**No**, but I would like to continue to receive  
Good Health Magazine and vote in election of  
Governors (please go to question 4, overleaf)

## Q2. Would you like to be involved in any particular areas?

We would like to know if you are interested in being involved in any particular areas.  
Please tick any areas which interest you.

### Clinical Services

- Accident and Emergency
- Cancer
- Cardiology
- Community services  
(district nursing/podiatry etc)
- Dermatology
- Dementia
- Dentistry
- Diabetes
- Elderly Care
- Gynaecology
- Hearing Services
- Maternity
- Neurosurgery
- Ophthalmology

- Orthopaedics
- Outpatients
- Pharmacy
- Radiology
- Renal Services
- Respiratory
- Rheumatology
- Stroke
- Surgery (all types)
- Therapy Services  
(physiotherapy/  
occupational therapy)
- Urology

### Hospital Environment

- Buildings/grounds
- Cleanliness

- Decor/artwork
- Facilities (shops/refreshments)
- Signage/wayfinding

### Other

- Bereavement services
- Nutrition
- Patient Information  
(letters/leaflets/videos)
- Research
- Youth forum (ages 16-25)
- Transition to adult care
- Other (please specify)

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All

## Q3. How would you like to be involved?

There are a number of ways in which you can be involved and give us your views.  
Please tick all those that you are interested in.

- Focus Groups
- Surveys
- Visits to wards/departments
- Reviewing patient information (leaflets/letters)
- Members' Engagement Group

#### Q4. Would you like to receive information about opportunities within the Trust?

- Becoming a volunteer
  - Becoming a Hospital Governor
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#### Q5. How would you prefer to receive written information?

- By email
  - By post
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#### Equal Opportunities Monitoring Questions

The optional questions below will help us to ensure our data is representative.

1. Gender: .....
  2. Ethnicity:
    - White British                       White Other                       Asian or Asian British
    - Black or Black British               Mixed/Multi heritage               Other Not stated
  3. Date of Birth: .....
  4. Do you consider yourself to have a disability?     Yes               No  
If you do have a disability and were to attend events, are there any specific arrangements which the Trust could make for you? Please supply details of your requirements:  
.....  
.....
  5. Do you currently have caring responsibilities?     Yes               No
- 

#### Please return this form by post or email to:

Jane Pellegrina  
Sheffield Teaching Hospitals NHS Foundation Trust  
Foundation Trust Office  
Northern General Hospital  
Herries Road  
Sheffield  
S5 7AU

[jane.pellegrina1@nhs.net](mailto:jane.pellegrina1@nhs.net)



**Thank you for completing this form.** We will keep any information that you have provided confidential and will not share with any third parties. For further information about how we store data at the Trust, please see our website at [www.sth.nhs.uk/about-us/general-data-protection-regulations](http://www.sth.nhs.uk/about-us/general-data-protection-regulations)

If you would like to withdraw your information at anytime, please contact Jane Pellegrina at the address above.

This form is available to complete online at [www.sth.nhs.uk/members](http://www.sth.nhs.uk/members)