

Easy read

Become a member of the new NHS Foundation Trust



Information and Membership Application Form

*Keeping services local
to support independence*

Do you want to be a member?



What is your title? (Please tick ✓)

Mr

Mrs

Miss

Ms

I choose not to say

What is your first name?

What is your last name?

What is the address where you live?



House name or number

Road

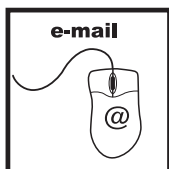
Town

County

Postcode



What is your telephone number?

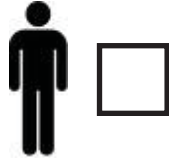


If you would like us to contact you by email please let us have your email address

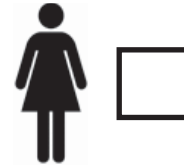
About you

Are you male?

(Please tick ✓)



Are you female?



What is your date of birth?



Date

Month

Year

What is your ethnic group? (please tick ✓)

White

British

Irish

Other White

Black

Black African

Black Caribbean

Other Black

Asian or Asian British

India

Pakistani

Bangladeshi

Other Groups

Chinese

White and Caribbean

White and Black African

White and Asian

Other Group

Are you:

(Please tick ✓)

Someone who uses hospital services in Devon?

A local person?

A carer of someone who uses hospital services in Devon?

Are you interested in:

(Please tick ✓)

Receiving information from the Trust like a newsletter?

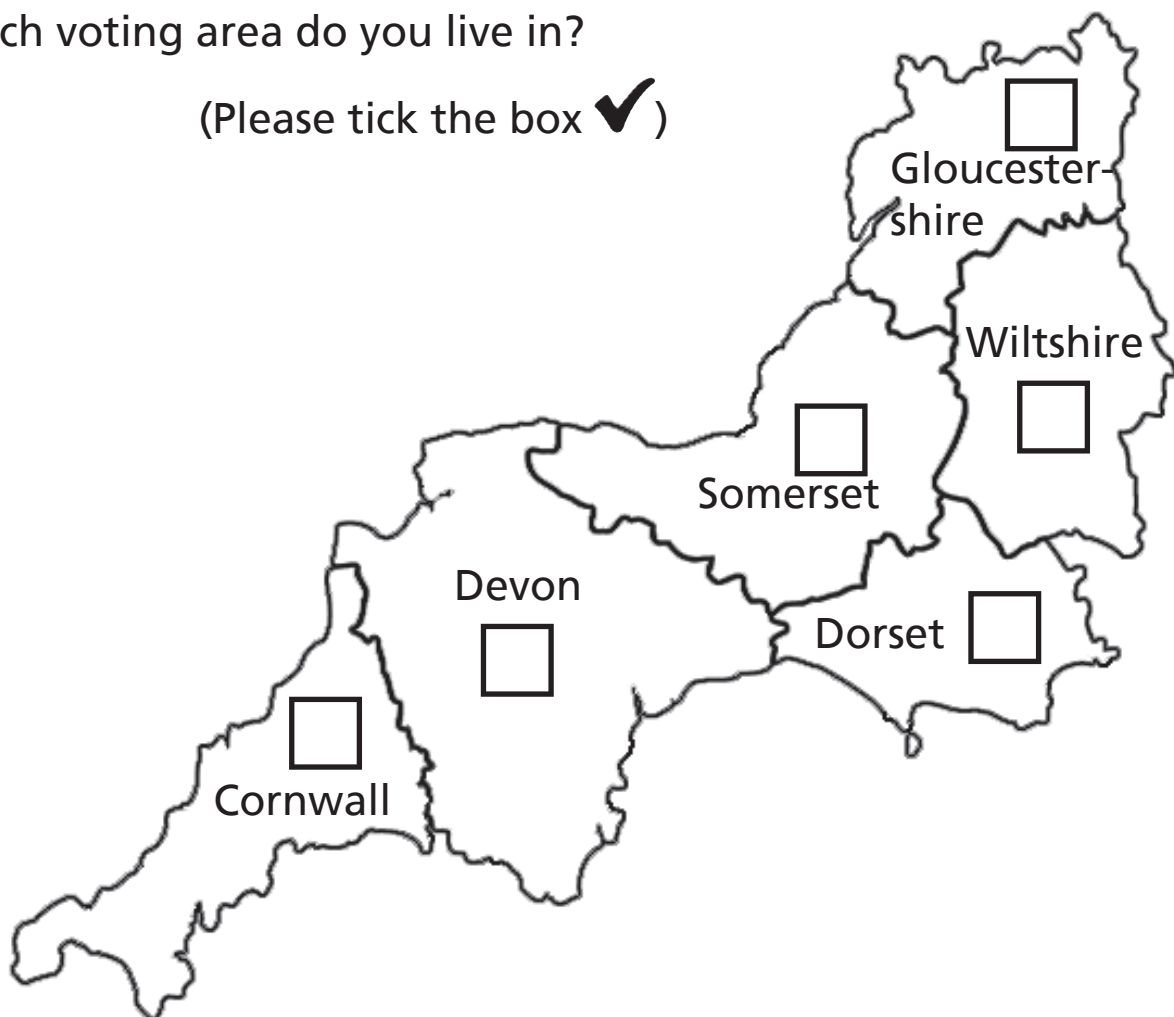
Coming to meetings or special events?

Becoming a Governor (if nominated)?

Becoming a Non-Executive Director (if nominated)?

Which voting area do you live in?

(Please tick the box ✓)



How we use your information



When you send us your information you agree:

- We can use your information to contact you about your membership
- We can use your information when there are things we need to tell you about the NHS
- We will make sure we follow the Data Protection Act. This is a law which says what we must do with your information.



Please sign here



Date