

Registration Form

Please complete the form in BLOCK CAPITALS and return it to:
Cambridgeshire LINK, Freepost ANG 10698, Ely, CB6 1YA



Contact

Title

Forename

Surname

Address

Address line 1

Address line 2

Address line 3

Town/City

Postcode

Details

Telephone

Mobile

Email

Requirements

If you require literature in a different format, e.g. Braille or in another language, please specify here:

Please indicate the style of participation you would like to opt for. You can read about the different styles of participation in the accompanying fact sheet.

Active Participant

Interest Participant

Stakeholder Participant

If you are joining the LINK as a representative of an organisation, please say which one:

Cambridgeshire LINK maintains a strong connection with health and social care commissioners and providers through a system of Liaison Groups. Please tell us which of these, if any, you would like to attend:

- Cambridge University NHS Foundation Trust Liaison Group (Addenbrookes and the Rosie)
- Cambridgeshire Community Services NHS Trust Liaison Group (Community Care)
- Hinchingsbrooke Healthcare NHS Trust Liaison Group (Hinchingsbrooke Hospital)
- Mental Health Liaison Group (CPFT and others)
- NHS Cambridgeshire Liaison Group (NHS Commissioning)
- Papworth NHS Foundation Trust Liaison Group (Papworth Hospital)
- Adult Social Care Liaison Group (Adult Social Care and Carers)
- Involvement Group (Engagement with the public)

Disclaimer

Your personal details will be stored on a database held by Cambridgeshire ACRE on behalf of the Cambridgeshire LINK. Under the Data Protection Act 1998, the LINK has a legal duty to protect any personal information we collect from you.

- We will only use personal information you supply to us to contact you about LINK activities and monitor equalities within this project.
- We will only hold your information for as long as necessary to fulfil that purpose.
- We will share your personal information with the local council for contract monitoring purposes only. We will not pass your information to any other parties (including other departments of Cambridgeshire ACRE) unless this is made clear to you at the time you supplied it.
- All employees who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentiality.

You agree to notify Cambridgeshire LINK of any changes and understand that you may not be able to take part in certain LINK activities if legislation or pecuniary interests prevent you from doing so.

Signature

Date

To be completed by the parent/ guardian of a participant aged under 18 years:

The named participant is under the age of 18 years but as parent/ guardian I give permission for his/her details to be recorded and him/ her to be registered.

Signature

Date

If you need any help completing this registration form please contact us on 0300 365 1245

Equal Opportunities Monitoring

This information is optional but helps the LINK to collect data about the people it is involving in its work

Age range

- Less than 20
- 20 - 29 years old
- 30 - 39 years old
- 40 - 49 years old
- 50 - 59 years old
- 60 - 69 years old
- 70 - 79 years old
- More than 80
- Prefer not to say

Ethnicity

- White – British
- White – Irish
- White - Other
- Mixed
- Asian or Asian British
- Black or Black British
- Other Ethnic Group, please state

- Prefer not to say

Gender

- Female
- Male
- Other
- Prefer not say

Sexual orientation

- Heterosexual
- Homosexual
- Bisexual
- Prefer not to say

Please indicate which part of Cambridgeshire you live in

- Cambridge City
- East Cambridgeshire
- Fenland
- Huntingdonshire
- South Cambridgeshire
- I do not live in Cambridgeshire
- Prefer not to say

Do you consider yourself to have any disabilities? If so, please could you give a brief description and tell us if you have any access requirements in terms of venues or materials: