**“GET INVOLVED” – Membership Scheme**

Black Country & West Birmingham Clinical Commissioning Group (CCG) is responsible for buying and monitoring healthcare services on behalf of all patients in Dudley, Sandwell, Walsall and Wolverhampton.

Healthcare services are purchased from local providers such as hospitals, GPs and other specialists services so that you have access to these services when and where you need them.

Patients are at the heart of everything we do in the CCG and our Engagement team actively encourages everyone be a part of our “Get Involved” membership scheme; please help us to help you.

Signing up to the “Get Involved” membership scheme will give you the opportunity to:

* Be invited to your local patient network meeting. These are based around the local areas
* Be invited to participate in specific workshops about key health topics for example diabetes, mental health, cancer and dementia
* Give us your views by email /telephone on certain topics if you cannot attend one of our meetings
* Get directly involved in areas of great interest to you listed
* Receive invites to our Annual General Meeting and other larger events
* Receive a copy of our quarterly Stakeholder Newsletter

**About You**

Mr Mrs Miss Dr Other: \_\_\_\_\_\_\_\_\_

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you represent an organisation? Yes / No (please delete as appropriate)  
If yes, please advise the name of the organisation you represent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which area do you live or work in covering the Black Country area:

|  |  |
| --- | --- |
| Dudley  Sandwell  Walsall  Wolverhampton |  |
|  |  |
|  |  |

**Access requirements:**

So that we can make sure that the information we send you (such as invitations to events meet your needs) please indicate below if you have any communication or access needs?

Use a Hearing loop:   
Require Wheelchair Access:   
Partially sighted / Blind:   
British Sign Language (BSL):   
Other (please advise) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you like us to contact you:**

How would you like us to keep in touch with you?

Post  Email

**GP Practice information:**

What is the name of your GP Practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of your GP Practice’s Patient Participation Group (PPG)?  
Yes / No (please delete as appropriate)

The Patient Participation Group (PPG) is a group of patients registered with your GP surgery who represent patient views.

**Health areas you are interested in:**

We would like to find out this information, as our Commissioners sometimes ask us to contact people on our database for views on specific health topics and this information will assist us.

To help us send the most relevant information, please select the areas that are most important to you:

All Areas Listed Below

|  |  |
| --- | --- |
| **Long Term Conditions:** | **Mental Health:** |
| * Respiratory (COPD, Asthma) | * Adult Mental Health (including dementia etc) |
| * Heart Disease | * Learning Disabilities |
| * Diabetes | * Children and Young People Mental Health (CAMHS) |
| GP Practice services | Urgent and Emergency Care |
| Adult Obesity | Maternity and Children |
| Stroke | Older people and frailty |
| Cancer | GP Surgeries |
| Community Services (eg. district nursing, community therapy. These services help  keep people well in the local community) | Planned Care (eg. opthalmology, dermatology, cardiology, neurology,  muscular skeletal services) |

Other health interests:

**Equality and Diversity Monitoring**

The questions in this section are for monitoring purposes only:

(Please circle)  
**Age:** up to 17 / 18 – 24 / 25 – 34 / 35 – 44 / 45 – 54 / 55 – 64 / 65 – 74 / 75+

**Ethnicity:**

* White British
* White Irish
* White Other
* Mixed white and black Caribbean
* Mixed white and black African
* Mixed white and Asian
* Mixed any other background
* Asian or Asian British – Indian
* Asian or Asian British – Pakistani
* Asian or Asian British – Bangladeshi
* Asian or Asian British - any other Asian background
* Black or black British – Caribbean
* Black or black British – African
* Black or black British - any other black background
* Other ethnic groups - e.g. Chinese
* Prefer not to say
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**:

* Male
* Female
* Transgender
* Prefer not to say

**Sexual orientation**:

* Heterosexual or straight
* Gay or Lesbian
* Bisexual
* Prefer not to say

**Religion:** No religion / Christian / Buddhist / Hindu / Jewish / Muslim / Sikh /

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say

Do you consider yourself to have a disability or impairment?

**Language spoken / written**

To help us ensure that your language or interpretation needs are catered for, please advise the following:

Language (please advise your first language):

Spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm I have read and understood the data protection information. (Please tick)

**Data Protection Act 1998**

The information that you provide on this form will be used by the Black Country and West Birmingham CCG to contact you about local healthcare services, activities and to inform you of events being run by our partner agencies.

Your details will only be used for this purpose and will not be shared with anyone else. The information you supply will be held securely and in accordance with the Data Protection Act 1998. You can opt out of the membership scheme at any time by emailing the Engagement Team at any time on **bcwb.engagement@nhs.net** or by calling 0121 612 1447. We will contact you for your consent if there are any changes to the way in which your information is used.

**Engagement Team contact details:**

**Telephone Number**: 0121 612 1447 **E-mail:** [BCWB.engagement@nhs.net](mailto:BCWB.engagement@nhs.net)  
**Website:** [www.blackcountryandwestbirmccg.nhs.uk/](http://www.blackcountryandwestbirmccg.nhs.uk/)