

## Apply to become a Member of Barnsley Hospital

By becoming a member, you have the opportunity to have your say in how Barnsley Hospital is run, express your support for the Trust and work with us to deliver the best services we can

### About you

Title  Mr  Mrs  Ms  Dr  Prof

First name

Family name

Date of birth (dd/mm/yyyy)

Female  Male  I do not wish to disclose

House name or number

Street

Area

Town

Postcode

Home telephone number

Mobile telephone number

Email address

#### Email communication preferences

We communicate all essential membership information to our members by email.

If you provide consent, we will also send you occasional information about:

- Consultations
- Event invitations
- Involvement opportunities

Please let us know if you are happy for us to send you other related information by email.

I consent to receiving occasional emails about membership

#### Would you like to volunteer at the hospital?

Yes  No

#### Do you have a disability?

Yes  No

If you answered yes, please indicate your disability and any support needs you require

- Sensory  Physical  
 Learning  Mental health

My alternative support needs are:

## Equality and diversity monitoring

We recognise the importance of a membership that is representative of all the communities we serve. It would be helpful if you could complete the following:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> White British                   | <input type="checkbox"/> Black African         | <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Other Chinese      |
| <input type="checkbox"/> White Irish                     | <input type="checkbox"/> Black Caribbean       | <input type="checkbox"/> Asian Indian      | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> White other                     | <input type="checkbox"/> Black other           | <input type="checkbox"/> Asian Pakistani   | <input type="checkbox"/> Mixed other        |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Asian other           | <input type="checkbox"/> Prefer not to say |   |
| <input type="checkbox"/> Mixed White and Black African   | <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Not specified     |   |

Please indicate how you identify yourself

- |  |                                      |                                   |  |
|--|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say |
|--|--------------------------------------|-----------------------------------|--|

What is your religion or belief?

- |                                  |                                   |  |                                |                                 |                                 |
|----------------------------------|-----------------------------------|--|--------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian         | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Sikh    | <input type="checkbox"/> Agnostic | <input type="checkbox"/> Prefer not to say |                                |                                 |                                 |

## For your protection

This data will only be used to contact members about the NHS Foundation Trust or other related issues and will be stored and processed in accordance with the Data Protection Act

We are required to keep a register of Public Members. If you do not wish your name to appear on the register, please tick here

## Declaration

I declare that I am aged 14 years or over, reside at the address detailed above and would like to become a member of Barnsley Hospital NHS Foundation Trust

Name

Date