



Membership Application Form

CWP is a Foundation Trust that provides health services for local people in partnership with other organisations.

Our members have the opportunity to get involved in the decisions we make and influence the way we plan and develop local services. For more information, or to complete this form online, visit www.cwp.nhs.uk under 'Get Involved'.

Personal information:

Title: First name: Last name:

Date of birth: Gender:

Address:

Postcode: Tel no: Mobile:

Email: Twitter:

Preferred method of contact: Email Post Telephone Text message

How would you like to be involved?

Member



Get regular news and information.

Volunteer



Work alongside staff to help deliver a service and support peers.

Involvement representative



Use your experience to help develop services.

Governor



Oversee how the Trust is run.

Which services are you interested in?

- Mental health services for adults
- Learning disability services
- Physical health community services
- Mental health services for young people
- Drug and alcohol services
- Other

How are you connected with the Trust?

- I have used services in the last 12 months
- I care for someone who has used services in the last 12 months
- I am a member of the public
- I used to work at CWP
- Other

Where did you hear about the Trust?

- From a Governor
- From a GP
- Friend or family
- Leaflet or poster
- Local newspaper or radio
- Member of staff
- Public event
- Online (website/Twitter)
- Other

Sign me up!

Please register me as a member of Cheshire and Wirral Partnership NHS Foundation Trust. I am aged 11 or over and I understand that if I submit false or misleading information it will lead to my membership being reviewed.

Signature: Date:



Optional information:

We are committed to ensuring that no person will be treated less favourably than another because of their gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. All questions are optional.

Do you consider yourself to have a disability? Yes No Prefer not to say

If you answered that you do consider yourself to have a disability, please indicate the nature of your disability:

- | | | |
|---|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Physical | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Sensory (hearing / vision) | <input type="checkbox"/> Mental health | <input type="checkbox"/> Any other special need |

Ethnic origin:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> White - English, Welsh, Scottish, Northern Irish, British | <input type="checkbox"/> White - Irish | <input type="checkbox"/> White - Gypsy or Irish Traveller | <input type="checkbox"/> White - Other |
| <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Mixed - White and Asian | <input type="checkbox"/> Mixed - Other Mixed |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Asian or Asian British - Chinese |
| <input type="checkbox"/> Asian or Asian British - Other Asian | <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Black or Black British - Other Black |
| <input type="checkbox"/> Other Ethnic Group - Arab | <input type="checkbox"/> Other Ethnic Group - Any Other Ethnic Group | <input type="checkbox"/> Prefer not to say | |

What is your sexuality?

- | | | |
|---------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay man | <input type="checkbox"/> Gay woman / lesbian |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |



The data you supply, which will be held by the Trust or on behalf of the Trust, will be used only to contact you about the Trust, membership or other related issues and will be stored securely to protect your privacy in accordance with the Data Protection Act.

Please tick here if you do NOT want your name and constituency to be available to the public through the Foundation Trust Register of Members.

Please hand this form to a member of staff or send it to:

**Communications and Engagement Team,
Redesmere, Countess of Chester Health Park,
Liverpool Road,
Chester CH2 1BQ.**

Membership