

If appropriate training, support and background information could be supplied, would you be willing to get involved in an area which is not one of your particular interests?

Yes No

(If you tick 'yes' you will be able to receive information about any HealthVOICES-related subject, and not restrict it to the choices you ticked on the previous page.)

THANK YOU

Please now return your Registration Form to:

**HealthVOICE Coordinator
PFPI Team
FREEPOST RLUC-KBCH-KKHC
NHS Highland
Assynt House
Beechwood Park
Inverness
IV2 3HG**

You can ask for this document in **large print**, Braille or audio cassette, and we can also provide translations in other languages.

Copyright © 2006 NHS Highland, produced September 2006.
Permission to use all or part of the contents is granted providing NHS Highland is acknowledged as the author/copyright holder.

Ref: PFPI app (Sept 06)



Highland HealthVOICES Network
The Public Partnership Forum
for NHS Highland



Registration Form

Title (Mr, Mrs, Miss, Ms, etc)

First Name

Surname

Address

Postcode

Other contact details (optional):

Telephone

Code:

Number:

Email

How would you like to be involved?

- Receive information (eg Newsletters)
- Asked to comment on proposals (eg Surveys, Development Plans)
- Contribute in person at working groups/committees/meetings etc
- Other (please suggest) _____

Are there any possible barriers which might stop you contributing to the HealthVOICES Network?

- | | |
|---|--|
| <input type="checkbox"/> Work Commitments | <input type="checkbox"/> Family Commitments |
| <input type="checkbox"/> Carer Responsibilities | <input type="checkbox"/> Travel * |
| <input type="checkbox"/> Hearing, sight, language
(please specify) _____ | <input type="checkbox"/> Disabled access issues
(specify if wish) _____ |
| <input type="checkbox"/> Other _____ | |

* NHS Highland has a Patient/Public Involvement Expenses Payment Policy, which means your travel expenses can be reimbursed if you are asked to attend meetings.

Do you have any particular skills which would be an asset to the HealthVOICES Network?

For example, being a patient, carer or living with a health problem. Other examples might include community or voluntary involvement, involvement in residents' or housing associations or Neighbourhood Watch, cultural, sporting or environmental interests. If so, please list them here:

Areas of healthcare/healthcare provision you are interested in (please tick all that apply and add any others you wish):

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Alcohol Services | <input type="checkbox"/> Asperger Syndrome |
| <input type="checkbox"/> Ambulance Services | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer * _____ |
| <input type="checkbox"/> Carer Issues | <input type="checkbox"/> Children & Young People |
| <input type="checkbox"/> Chiropody | <input type="checkbox"/> Community Hospitals |
| <input type="checkbox"/> Complementary Medicine | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Disability* _____ |
| <input type="checkbox"/> Drug Related Issues | <input type="checkbox"/> GP Services |
| <input type="checkbox"/> Health of Ethnic Communities | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Health of the Lesbian Gay Bisexual Transgender Community | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Locality Issues* _____ | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Older People |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Sexual Health |
| <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Visual Impairment | |
| <input type="checkbox"/> Other(s) (please specify) _____ | |

* Specify if you wish