**Community Empowerment Act**

**Participation Request to NHS Highland**

**1. Details of your Community Participation Body (CPB)**

|  |  |  |
| --- | --- | --- |
| **1.1** | Name of CPB |  |
| **1.2** | Contact name |  |
| **1.3** | Contact address |  |
| **1.4** | Contact telephone |  |
| **1.5** | Contact email |  |
| **1.6** | Website (if available) |  |
| **1.7** | What type of CPB are you? | The CPB must provide the necessary information to show that it is a valid body which can make a participation request as set out by the Community Empowerment Act. Are you:   * a community-controlled body * a community council * a body designated by Scottish Ministers as a community participation body * a group without a written constitution. |

If you have a written constitution, or other governance document, please enclose or attach a copy.

**2. Do you wish any other public service authority to participate in the outcome improvement process?** If so, please insert its name below so that NHS Highland can invite it to participate:

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**3. What is the outcome you want to improve?**

**4. Please give the reason(s) why you want to participate in an outcome improvement process:**

**5. What knowledge, expertise and experience does your CPB have in relation to the outcome set out at Q3 above?**

**6. How will your involvement improve the outcome?**

**7. Any other information**

**On completion, please return this form, and any supporting documents, to:**

Board Secretary, NHS Highland, Assynt House, Beechwood Park,

Inverness IV2 4BW

Email: high-uhb.communityengagement@nhs.net