

# The Participation Network

Get involved and help shape local health and care services

## Registration form



**improving health and care together**

**The Person-centred Care Team**

**Telephone: 01563 575416**

**Email: [ParticipationNetwork@aapct.scot.nhs.uk](mailto:ParticipationNetwork@aapct.scot.nhs.uk)**

**Visit our website: [www.nhsaaa.net](http://www.nhsaaa.net)**

1 Would you like to register as a group or as an individual?

Group  Individual

2 Your contact details

We will use these details when communicating with you in the future.

Title (Mr/Mrs/Miss/Ms)

Full name \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Group/organisation name (If applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ mobile number \_\_\_\_\_

Email address \_\_\_\_\_

3 Which area would you like to receive information about?

East Ayrshire  North Ayrshire

South Ayrshire  All of these

4 How would you like us to let you know about what's going on in your local health care service area?

by post  by email

5 How did you hear about The Participation Network?

\_\_\_\_\_  
\_\_\_\_\_

6 Would you like to be involved by attending future meetings/ events?

Yes  No

**7** Please tell us the areas of healthcare you are most interested in receiving information about (tick all that apply)

All areas of healthcare	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Housebound	<input type="checkbox"/>
Alternative care	<input type="checkbox"/>	Lesbian, Gay, Bisexual or Transgendered (LGBT) communities	<input type="checkbox"/>
Ambulance Services	<input type="checkbox"/>	Learning difficulty and disability	<input type="checkbox"/>
Autism / spectrum disorder	<input type="checkbox"/>	Local interests	<input type="checkbox"/>
Breathing conditions	<input type="checkbox"/>	Mental health	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Multiple sclerosis	<input type="checkbox"/>
Carers	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Chiropody / podiatry	<input type="checkbox"/>	Older people	<input type="checkbox"/>
Community care and nursing	<input type="checkbox"/>	Opticians	<input type="checkbox"/>
Community hospitals	<input type="checkbox"/>	Palliative care	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Patient Focus Public Involvement	<input type="checkbox"/>
Dental services	<input type="checkbox"/>	Pharmacies	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Pregnancy and children	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Sexual health	<input type="checkbox"/>
Drugs / substance / solvent abuse	<input type="checkbox"/>	Social Care	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Special boards	<input type="checkbox"/>
Ethnic communities	<input type="checkbox"/>	Spiritual care/chaplaincy	<input type="checkbox"/>
Faith communities	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
GP services	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>
Health promotion / education	<input type="checkbox"/>	Young people	<input type="checkbox"/>
Healthy lifestyle	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Hearing	<input type="checkbox"/>		

I understand and agree that my personal details will be held on a database. My details will only be used in connection with and in relation to NHS Ayrshire & Arran business. My personal details will not be shared with any third party unless I give my permission to do so.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please send your completed form to:

Person-centred Care Team  
 The Participation Network  
 Kirklandside Hospital  
 Kilmarnock  
 KA1 5LH

Telephone: 01563 575416

Email: ParticipationNetwork@aapct.scot.nhs.uk

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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claidinn no riochd eile a tha sibh airson a thaghadh.

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0800 169 1441



## Tell us what you think...

If you would like to comment on any issues raised by this document, please complete this form and return it to: Communications Department, 28 Lister Street, University Hospital Crosshouse, Crosshouse KA2 0BB. You can also email us at: [comms@aaaht.scot.nhs.uk](mailto:comms@aaaht.scot.nhs.uk) or [comms@aapct.scot.nhs.uk](mailto:comms@aapct.scot.nhs.uk). If you provide your contact details, we will acknowledge your comments and pass them to the appropriate departments for a response.

Name

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Address

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Comment

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