Royal Surrey County Hospital NHS
NHS Foundation Trust

Membership Registration Form

Please write in BLOCK CAPITALS

Title:	Last Name:	First Name:

Date of birth:	Gender:

Email address:	Telephone number:
Address:	

Have you been a patient/carer at the hospital in the last 3 years?	☐ Patient	☐ Carer	☐ N/A
Are you happy to be included in the register of public members?		☐Yes	☐ No
How would you like us to contact you?		☐Email	☐Post
Would you be interested in becoming a Governor in the future?		☐Yes	☐No

How would you describe your ethnic origin?		☐ I do not wish to disclose my ethnic origin	
☐ White/British	☐ Asian/Pakistani	☐ Black/Caribbean	☐ Mixed White/Black Caribbean
☐ White/Irish	☐ Asian/Other	☐ Black/African	☐ Mixed White/Asian
☐ White/Other	☐ Chinese	☐ Black/Other	☐ Mixed White/Black African
☐ Other ethnic group	☐ Asian/Indian	☐ Asian/Bangladeshi	☐ Mixed any other background

Do you have any particular areas of interest in the Hospital?			
☐ A&E	☐ Maternity	☐ Diabetes	☐ Children's services
☐ Cancer	☐ Older people's care	☐ Learning Disabilities	☐ Stroke
☐Other:			

Do you consider yourself to have a disability?	☐ Yes	☐ No
If so, do you have any special requirements we need to be aware of?		

I am applying to be a member of the Royal Surrey County Hospital NHS Foundation Trust. By signing this form I will be bound by the rules of the organisation and give my consent to my information being processed. This information will be stored and used in accordance with the Data Protection Act 1998. We will only use your information for NHS Foundation Trust status or other health issues.

Signature:	Date:

Please return this completed form FREE to: Chief Executive, FREEPOST, Foundation Trust Status, Royal Surrey County Hospital , Egerton Road, Guildford, GU2 7XX