East Midlands cancer alliance

Patient Involvement and Engagement Registration Form

First Name:

Last Name:

Email address:

Telephone number:

How would you prefer to be contacted?
Email
Telephone

Which part of the East Midlands are you from?
Nottinghamshire
Derbyshire
Lincolnshire
Leicestershire
Northamptonshire

Please indicate which of the following options best describes you (choose all that apply)
Patient
Carer
Member of the public

Which age range are you in?
Age 18 to 29
Age 30 to 49
Age 50+

We would like to involve people who identify with any gender, so please could you answer the following question: What gender do you identify with? (this question is not mandatory)

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

Please select the option which you feel you relate to best
Asian
Asian British
Black
Black British
White
White British
Mixed
Prefer not to say
Other

Please tell us a little more about yourself. For example, life or work experience and skills

Please tick the things that you are most interested in (choose all that apply):

Reading Documents
Patient Representative on the Board
Patient representative on one of our Expert Clinical Advisory Groups (ECAGs)
Attending EMCA meetings
Project/Pilot Involvement
Part of the patient panel who meet regularly to discuss EMCA priorities and plans
Share your story for one of our channels e.g., YouTube or Board meeting
Virtual member of our patient group – receive updates but not actively involved
If 'Other' please state below

Consent - please tick the box to consent to your data being held on our secure PPI database
Consent agreed ☐