

Further Information

To enable the Trust to represent the whole community, under the Equalities Act, we would ask you to tick the appropriate boxes below.

Answering is entirely voluntary.

What is your ethnic group?

White

- ☐ English/Welsh/Scottish/Northern Irish/British
☐ Irish
☐ White - Gypsy or Irish Traveller
☐ Other White background

Mixed/multiple ethnic groups

- ☐ White & Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Any other Mixed/multiple ethnic background

Asian/Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Any other Asian background

Black/African/Caribbean/Black British

- ☐ African
☐ Caribbean
☐ Any other Black/African/Caribbean background

Status

- ☐ Civil partner
☐ Divorced
☐ Engaged
☐ Married
☐ Separated
☐ Single
☐ Surviving civil partner
☐ Widowed
☐ Prefer not to say

Which of the following options best describes how you think of yourself?

- ☐ Heterosexual or Straight
☐ Lesbian
☐ Gay
☐ Bisexual
☐ Other
☐ Prefer not to say

Do you consider yourself to have a disability?

- ☐ No
☐ Yes
☐ Prefer not to say

What is your religion?

- ☐ No religion
☐ Christian
☐ Muslim
☐ Hindu
☐ Jewish
☐ Sikh
☐ Buddhist
☐ Other religion
☐ Prefer not to say

Facts about the Trust

- The first Foundation Trust in Norfolk and Suffolk
- Over 3000 staff, the largest local employer in the area
- Award winning staff and services - see Trust website for more information
- Good rating with the Care Quality Commission, outstanding in two areas.

What can members do?

- Be consulted about proposed changes.
- Receive information on a regular basis.
- Have the chance to vote for Governors OR personally stand for election.
- If a Governor, represent the views and wishes of the community, local organisations and wider public.
- Attend the Annual General Meeting/ members' meetings.

For more information contact

Ann Filby, Head of Communications and Corporate Affairs

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 Telephone: 01493 452162

We need young members too!



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Become a Public member and have a say in the future of your hospital



Send via email, Membership Box in hospital foyer, or by post to the address on the back of the leaflet.



James Paget University Hospitals NHS Foundation Trust is inviting you to become a member of the Trust and to play

an important part in shaping and improving our services.

Being a member you can...

- Help shape the future services at JPUH.
- Be able to express your views on local healthcare issues.
- Get a broader view of the work of the NHS.
- Be able to elect public Governors.
- Qualify for discounts at NHSdiscounts.com

Membership is free

You may attend Council of Governors meetings if you wish. (Details can be found on the JPUH website/foyer).

It does NOT allow preferential NHS treatment.



The Council of Governors works closely with the Board of Directors, who are responsible for the running of the Trust.

Members need to be 16 years of age or over and live within Norfolk or Suffolk.

What to do next

- Complete the application form opposite (also available online at www.jpaget.nhs.uk).
- If you provide your email address, we will acknowledge receipt of your application: otherwise proof of your membership will be when you receive the next Your Trust News newsletter published in April and October.
- If not becoming a member of the Trust, you may like to consider being a volunteer at the hospital - details can be found on our website www.jpaget.nhs.uk
- If you log-on to the hospital's website this will give you further information about all the work that JPUH does in Great Yarmouth, Waveney and the surrounding areas.



*Thank you for supporting
our local hospital*

James Paget University Hospitals **NHS**

NHS Foundation Trust

Membership Form

Your membership details will be stored in accordance with the Data Protection Act. The data will be used only to contact you about the Trust or other health issues.

Please tick here ☐ if you do not want your name to be made available to the public in any register of members.

Remember you need to be 16 years old or over.

Contact Details

Please fill in your details and tick the appropriate boxes.

Title: Mr / Miss / Ms / Mrs / Dr / Other

First name _____

Surname _____

Address _____

County _____ Post Code _____

Telephone No. Home _____

Work _____ Mobile _____

email _____

Ensuring Representative Membership

We are keen to ensure membership represents the full diversity of the whole community.

Are you: ☐ Male ☐ Female ☐ Prefer not to say

Age group: ☐ 16-35 ☐ 36-50 ☐ 51-65 ☐ 66-80 ☐ 81+

Date of birth _____

How do you wish to be contacted?

☐ Email ☐ Post ☐ Phone (Home, Work or Mobile)
☐ Don't Mind

What areas interest you the most?

(Please tick)

- ☐ Becoming a governor
- ☐ Children's services
- ☐ Older people services
- ☐ Stroke prevention
- ☐ Infection prevention
- ☐ Volunteering
- ☐ Future service planning

Where you come first