

Membership Application Form

We want you to join us as a member and help shape our future

General information

By law we have to keep basic information about you as a member. This information is held in a register that any member of the public can request to see. If you do not wish your information to be seen, please tick this box . We will keep any information we hold about you confidential in accordance with the Data Protection Act 1998.

PLEASE ENTER IN BLOCK CAPITALS

Section 1: About You

Title Forename(s) Surname
 Full address
 Postcode
 Telephone Mobile Email
 Date of Birth / / (date/month/year) Male Female

Please note that you must be at least aged 12 to become a member of the Foundation Trust.

Please be aware our preferred method of contacting you is by email or occasional text. If you would prefer not to be contacted by these means please tick here

We have a statutory duty to try to ensure our membership is representative of the community we serve. We would like to know details of your ethnic background, but would point out that it is optional for you to provide this information.

White Black or Black British Asian or Asian British Mixed Other Ethnic Groups

If you consider yourself to have a disability, please give us the details.

A sensory disability A physical disability A mental health issue
 A learning disability Any other special need

How did you hear about becoming a member of the Foundation Trust (e.g. by post, telephone, promotional events, etc)?

Section 2: Level of Involvement

What level of engagement do you want to have with the Foundation Trust?

Bronze (receive regular newsletters, invitations to membership events and information on being a governor)

Silver (bronze level plus the opportunity to take part in surveys and comment on Trust services)

Gold (bronze and silver level plus the opportunity for greater involvement in other activities e.g. policy development)

Our members will have the opportunity to elect and stand for election as Governor on the Trust Assembly of Governors.

Would you consider becoming a Governor? Yes No

Section 3: Declaration

I would like to become a member of the Foundation Trust.

Signature Date / / (date/month/year)



Please return your form to:
 FREEPOST RRRG-BBTC-UKSE,
 Black Country Partnership NHS Foundation Trust,
 Delta House, Delta Point, Greets Green Road,
 West Bromwich,
 B70 9PL