

Membership Application Form

This form does not apply to employees of the Trust

General Information

We want as many people as possible who are eligible to become members of our Foundation Trust. By law we are required to keep a minimum amount of information about our members. We will keep this information confidential in accordance with the Data Protection Act 1998, and will not share it with any other party.

SECTION 1 - About You

Title *(please identify)* Mr / Mrs / Ms / Miss / Dr / Prof / Other

Surname

Forename(s)

Full Address

Town

Postcode

Date of Birth / / *(day/month/year)*

Gender: Male Female

(please note that you must be at least aged 14 to become a member of the Foundation Trust).

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 Mixed Asian or Asian British Black or Black British

Other Ethnic Group please specify: _____

Do you have a disability? Yes No

If so, please indicate: Sensory disability Physical disability Learning disability Mental health problem

Other please specify: _____

SECTION 2 - How to Contact You

Please let us know how you would like us to contact you.

E-mail Yes No

Home Tel: _____

Post to Home Yes No

Mobile Tel: _____

E-mail : _____

Please note, we prefer to contact by e-mail if at all possible as this saves the hospital money on postage and is environmentally friendly!

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SECTION 3 - Type of Membership

Please let us know, by ticking the relevant box, whether;

You would like to be involved in membership activities, e.g. volunteering

You only want to receive information about the Trust and Governor elections

SECTION 4 - Standing for Governor

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

I would like more information/consider standing for election as Governor

Yes

No

SECTION 5 - Communications

How did you hear about becoming a member?

Patient
mailing

Face-to-face
recruitment

Through an
employee of
the Trust

Trust website

Through the media

Other

SECTION 6 - Declaration

Signature:

Date:

Please freepost your completed Membership Application form to the address below:

Freepost

RJAH Foundation Trust Office
The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust
Oswestry, Shropshire SY10 7AG

Freepost Licence: [RSEH-KATU-ZKGB](#)

If you require this document in a different format please contact the Foundation Trust office.