

Membership Registration Form

The Countess of Chester Hospital NHS Foundation Trust achieved Foundation Trust status on 1st April 2004. As a Foundation Trust we can develop stronger links with the communities we serve. Through this members can help us shape the future of our hospital and in return we can continue to provide our patients with first class treatment and care.

Why become a member?

- To receive regular information about the Trust through newsletters and emails
- To be kept informed of plans for future developments and have your say on them
- To attend member events including the Annual Members Meeting
- To vote or stand in elections to the Council of Governors



To become a member, simply complete the form below:

Title	Mr / Mrs / Miss / Ms / Other:				
First name		Surname			
Address					
Postcode		Email address			
Telephone Number		Mobile Number			
Date of birth		Gender	Female	<input type="checkbox"/>	Male

About you... (optional)

Asian		Black		Chinese		Mixed		White	
1. Bangladeshi	<input type="checkbox"/>	5. African	<input type="checkbox"/>	8. Chinese	<input type="checkbox"/>	12. White and black Caribbean	<input type="checkbox"/>	13. British	<input type="checkbox"/>
2. Indian	<input type="checkbox"/>	6. Caribbean	<input type="checkbox"/>	9. Other	<input type="checkbox"/>	13. White and black African	<input type="checkbox"/>	14. Irish	<input type="checkbox"/>
3. Pakistani	<input type="checkbox"/>	7. Other	<input type="checkbox"/>		<input type="checkbox"/>	14. White and Asian	<input type="checkbox"/>	15. Other	<input type="checkbox"/>
4. Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Are you... (optional)

Heterosexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Bi-sexual	<input type="checkbox"/>	Rather not say	<input type="checkbox"/>
What is your religion / belief:								Rather not say	<input type="checkbox"/>
Are you disabled				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Rather not say	<input type="checkbox"/>

As a member I would like to...

Receive information	<input type="checkbox"/>	Receive information / be invited to participate in questionnaire target surveys and focus groups	<input type="checkbox"/>
Receive information / attend meetings and events	<input type="checkbox"/>	Other (please specify if you have any special interests)	<input type="checkbox"/>

Your preferred method of communication.

Please help us reduce our costs and help the environment by selecting 'email' wherever possible.

Email

Post

Please date and sign below

I declare that I am eligible and would like to register my interest in becoming a public member

Signature		Date	
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Additional family member

Please use this page to register an additional family member living at the same address (as indicated overleaf), and over 11 years of age.

Title	Mr / Mrs / Miss / Ms / Other:				
First name		Surname			
Address					
Postcode		Email address			
Telephone Number		Mobile Number			
Date of birth		Gender	Female		Male

About you... (optional)

Asian	Black	Chinese	Mixed	White
1. Bangladeshi	5. African	8. Chinese	12. White and black Caribbean	13. British
2. Indian	6. Caribbean	9. Other	13. White and black African	14. Irish
3. Pakistani	7. Other		14. White and Asian	15. Other
4. Other				

Are you... (optional)

Heterosexual	Lesbian	Gay	Bi-sexual	Rather not say
What is your religion / belief:				Rather not say
Are you disabled		Yes	No	Rather not say

As a member I would like to...

Receive information	Receive information / be invited to participate in questionnaire target surveys and focus groups
Receive information / attend meetings and events	Other (please specify if you have any special interests)

Your preferred method of communication. Please help us reduce our costs and help the environment by selecting 'email' wherever possible.	Email	Post
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Please date and sign below	I declare that I am eligible and would like to register my interest in becoming a public member
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Signature	Date
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Please return this form to the following freepost address:

Freepost NWW8421A
Foundation Trust Membership Office
Countess of Chester Hospital NHS Foundation Trust
Liverpool Road
Chester
CH2 1ZZ

The Trust website has full information about membership: www.coch.nhs.uk

For further information telephone Foundation Trust enquiries: **01244 365816**