



Join us today, have your say.

## Apply to become a Member of Barnsley Hospital

By becoming a member, you have the opportunity to have your say in how Barnsley Hospital is run, express your support for the Trust and work with us to deliver the best services we can. You can also apply to become a hospital Governor

### About you

First name

Family name

Date of birth (dd/mm/yyyy)

Male  Female  Prefer not to say

Is your gender identity the same as the gender you were assigned at birth?

Yes  No  Prefer not to say

House name or number

Street

Area

Town

Postcode

Home telephone number

Mobile telephone number

Email address

### Email communication preferences

We communicate all essential membership information to our members by email.

If you provide consent, we will also send you occasional information, such as:

- Membership newsletters
- Event invitations
- Involvement opportunities

Would you like to volunteer at the hospital?

Yes  No

Please turn over

## Equality and diversity monitoring

We recognise the importance of a membership that is representative of all the communities we serve. It would be helpful if you could complete the following:

### Do you have a disability?

Yes  No

If you answered yes, please indicate your disability and any support needs you require

Sensory  Physical  Learning  Mental health

My alternative support needs are:

### How would you describe your ethnicity?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> White British                   | <input type="checkbox"/> Black African         | <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Other Chinese      |
| <input type="checkbox"/> White Irish                     | <input type="checkbox"/> Black Caribbean       | <input type="checkbox"/> Asian Indian      | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> White other                     | <input type="checkbox"/> Black other           | <input type="checkbox"/> Asian Pakistani   | <input type="checkbox"/> Mixed other        |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Asian other           | <input type="checkbox"/> Prefer not to say |   |
| <input type="checkbox"/> Mixed White and Black African   | <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Not specified     |   |

### Please indicate how you identify yourself

Heterosexual/Straight  Gay  Lesbian  Bisexual  Prefer not to say

### What is your religion or belief?

Atheist  Buddhist  Christian  Hindu  Jewish  Muslim  
 Sikh  Agnostic  No religion  Other  Prefer not to say

## For your protection

This data will only be used to contact members about the NHS Foundation Trust or other related issues and will be stored and processed in accordance with the Data Protection Act

We are required to keep a register of Public Members. If you do not wish your name to appear on the register, please tick here

## Declaration

I declare that I am aged 14 years or over, reside at the address detailed above and would like to become a member of Barnsley Hospital NHS Foundation Trust

Name

Date

Return completed forms to: Trust HQ, Barnsley Hospital, Membership Office, Gawber Rd, Barnsley, S75 2EP