**Thank you for showing an interest in joining our virtual Group of 50 at Medvivo. Before you agree to take part, please read the Group of 50 Terms of Reference (see** [**www.medvivo.com/group-of-50**](http://www.medvivo.com/group-of-50)**) which describes how it works and details your responsibilities as a member.**

To apply to join please complete the application form below and either email or post it to the details on page for the attention of the Quality Team:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Your Name:** | Title: | First Name: | | | Surname: | |
| Preferred Name: |  | | | Date of Birth: | |  |
| Address: |  | | | | | |
|  | | | Post Code: | | |
| **Email Address:** |  | | | | | |
| Home Tel. No.: |  | | Mobile Tel. No.: | |  | |

**The Group of 50 is a virtual online group,** however we can provide you with an alternative method of communication if you do not have access to e-mail. Please tick your preferred contact method:

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Preferred Contact Method:** | ⬜ Email | ⬜ Telephone | ⬜ Post |

**To ensure membership of the group is representative of those who use our service, please tick the appropriate box for you:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Gender:** | ⬜ Male | | ⬜ Female | | | ⬜ Prefer not to say | |
| Your Age: | ⬜ Under 16 | ⬜ 17-24 | | ⬜ 25-34 | ⬜ 35-44 | | ⬜ 45-54 |
| ⬜ 55-64 | ⬜ 65-74 | | ⬜ 75-84 | ⬜ Over 85 | | ⬜ Prefer not to say |

**Please tick which Medvivo services, if any, you have used before:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ⬜ Integrated Urgent Care (NHS111 & GP Out of Hours) | | ⬜ Urgent Care at Home | | ⬜ Telecare |
| ⬜ High Intensity User | ⬜ SUCCESS/Children’s Clinic | ⬜ Response | ⬜ None | ⬜ Don’t Know |

|  |
| --- |
| **Please provide details of any other groups you groups you are involved in:** |
|  |

**This next section helps us ensure the membership group is representative of our local community:**

|  |  |
| --- | --- |
| **Are you a Carer?** (Anyone who looks after a family member, partner or friend, who needs help. The care given is unpaid). | ⬜ Yes ⬜ No ⬜ Don’t know/can’t say |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate which ethnic background you most closely identify with:** | | | |
| **White:** | ⬜ White British | ⬜ Irish |  |
| **Mixed:** | ⬜ White & Black Caribbean | ⬜ White & Black African | ⬜ White & Asian |
| **Asian or Asian British** | ⬜ Indian | ⬜ Pakistani | ⬜ Bangladeshi |
| **Black or Black British** | ⬜ Caribbean | ⬜ African |  |
| **Chinese or Other Ethnic** | ⬜ Chinese | **Other Ethnicity** | ⬜ Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a long term illness?** | ⬜ Yes | ⬜ No | | ⬜ Don’t know/can’t say |
| If yes, please tick which statement best describes its impact on your day to day activities: | | | | |
| ⬜ My day to day activities   are limited a lot | ⬜ My day to day activities   are limited a little | | ⬜ My day to day activities   are not limited | |

|  |  |  |
| --- | --- | --- |
| **Which of the following best describes you?** | | |
| ⬜ Employed full time  ⬜ Unemployed  ⬜ Looking after home or family | ⬜ Employed part time  ⬜ Fulltime Student  ⬜ Long-term sick or disabled | ⬜ Self employed  ⬜ Part time Student  ⬜ Other |

**By signing this form, I:**

* Confirm I have read the Group of 50 Terms of Reference
* Understand the responsibilities of being a member and what may happen if I do not follow them
* Confirm I have been provided with a copy of the Group of 50 privacy notice that explains how my personal data will be processed by Medvivo in line with Data Protection Law
* Understand I can leave the Group of 50 at any time by contacting the Quality Team.

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name:** |  | | |
| **Signature:** |  | **Date:** |  |

**Thank you for taking the time to complete this form.**