To select different options, click on the box [ ]  and it will look like this [x]

|  |  |
| --- | --- |
| **Name** |  |
| **Address:** |  |
| **Contact telephone:**  |  |
| **E-mail:** |  |
| **ICE number:** (In case of emergency) |  |
| **Name of person and relationship to you:**  |
| **Preferred method of communication** | Email or phone |
| **Are you a** | Service user [ ]  Current or former Carer of: Adult 18-65 [ ]  Adult 65+[ ]  Child[ ]   |
| **Which health and social care professionals have you had contact with, as a service user or carer?** |
| [ ]  Nurses (General)[ ]  Mental Health Nurses[ ]  Children’s nurses[ ]  Social Workers | [ ]  Physiotherapists [ ]  Occupational therapists[ ]  Paramedics [ ]  Midwives | Have you had an operation in the last 3 years?Yes [ ] No [ ]  |

|  |
| --- |
| **What health condition(s) or experiences do you or your cared for person have, that you would be happy to share with our students?** |
| **Please tell us about your experiences with health and social care services** |
|  |
| **These are the areas where members have been involved. In which areas would you like to be involved (as and when opportunities arise)? You can change your preferences at any time!** |
| [ ]  Talking about your experience to groups of students [ ]  Writing a narrative of your experience to be used as a learning resource.[ ]  Assessment of students | [ ]  Being filmed giving a talk to use as a learning resource.[ ]  Involvement in the design of courses[ ]  Being involved as part of a research team e.g. planning and undertaking research |
| **Please indicate if you would require any of the following to enable you to be involved.** |
| [ ]  Help with access to buildings[ ]  Personal assistant to accompany you[ ]  Other  | [ ]  Hearing Loop[ ]  Computer[ ] Training/help with MS Teams and/or Zoom |
| **Please tell us about anything else we need to know to ensure that you have what you need and feel safe and supported whilst undertaking involvement activities**Please note: a member of staff will always be present in a session but not always in a Zoom Breakout room. |
| **Do you have any dietary requirements or food allergies/sensitivities that we need to know about?**[ ]  Yes [ ]  NoIf yes, please give details:  |
| **Your travel expenses (plus parking) will be included with your payment.** **Please retain any receipts and tickets.**Most activities will take place at the Lansdowne Campus (Bournemouth Gateway Building)Some Adult Nursing sessions will take place in Yeovil and some Midwifery, in Portsmouth. **What transport will you (mostly) use when we are back doing face to face sessions?** |
| [ ]  Own Car **Registration No:** [ ]  Will require a taxi (as I am unable to use public transport)[ ]  I would require a parking space | [ ]  Public Transport[ ]  Cycle/Walk[ ]  I have a Blue Badge (Disabled parking) |
| Payment for your time will be paid by BACS (straight into your bank account); therefore, we will need your bank details Do NOT write them here. We will send you a form which will be password protected in line with GDPR (General Data Protection Regulation) requirements. For any payments you receive; you as an individual have the responsibility of any tax and/or benefit implication. Please read and sign the following declaration.**Declaration: For any payments I receive for work done with the BU PIER partnership, I understand that any tax and/or benefit implications are solely my responsibility.**Date: ………………………….. Signature…………………………………………………………… |

Do you use any of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| i Phone [ ]  | i Pad [ ]  | Zoom [ ]  | MS Teams [ ]  |

Which of the following groups contains your age?

|  |  |  |
| --- | --- | --- |
| Under 18 |[ ]   | 46 - 55 |[ ]
| 19 – 25 |[ ]   | 56 – 65 |[ ]
| 26 – 35 |[ ]   | Over 65 |[ ]
| 36 – 45 |[ ]   | Prefer not to say |[ ]

Ethnic group: How would you describe yourself?

|  |  |
| --- | --- |
| White | British |[ ]
|  | Irish |[ ]
|  | Other white background |[ ]
| Black/Black British | Caribbean |[ ]
|  | African |[ ]
|  | Other Black background |[ ]
| Asian/Asian British | Indian |[ ]
|  | Pakistani |[ ]
|  | Bangladeshi |[ ]
| Chinese or other Ethnic Group | Chinese |[ ]
|  | Other |[ ]
| Mixed Heritage | White and Black Caribbean |[ ]
|  | White and Black African |[ ]
|  | White and Asian |[ ]
|  | Any other mixed background |[ ]
| Prefer not to say |[ ]

Please use this space if there is anything else you wish to include on this form

|  |
| --- |
|  |

Please e-mail this form to any of the BU PIER Officers

Angela Paget Peter Atkins

apaget@bournemouth.ac.uk patkins@bournemouth.ac.uk

01202 962022 or 07912 785009 07806774858

Kate Jupp

 kjupp@bournemouth.ac.uk

Should you wish to print and post the form to us, please use this address

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Bournemouth University Lansdowne Campus

Faculty of Health & Social Sciences

Bournemouth Gateway Building,

Room BG-507

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