HSE National Patient and Service User Forum

Membership Form

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| Name: |
| Type of forum member: |
| * Patient or service user with lived experience |
| * Family member or carer of patient or service user |
| * Voluntary, community or advocacy organisation   + Please share the name of your organisation   + Please share your position within your organisation |
| Why are you interested in joining the HSE NPSU Forum? |
| What county do you live in? |
| What county do you mainly access health and social care services in? (provide one or more counties if applicable) |
| Do you have a particular interest in certain strategies, programmes, policies, projects within the health service? |
| If you already have experience of partnership, please share some information. |
| Would you like to join one of our working groups?   1. Conference 2. Policy 3. Communications 4. Membership |
| Do you have any conflict of interests to disclose? |
| Please share the email address you wish the HSE Patient and Service User Experience Office and the HSE National Patient and Service User Forum to contact you on: |
| Do you consent to share your contact details with the HSE Patient and Service User Experience Office? |
| Do you consent to share your contact details with the other HSE Patient and Service User Forum members? |
| Do you consent to share your contact details publicly in HSE National Patient and Service User Forum public information material (the HSE NPSU Forum webpage and any the HSE NPSU documentation)? |