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South East Coast Ambulance Service NHS Foundation Trust
Nexus House Membership Office
4 Gatwick Road
Crawley
RH10 9BG



South East Coast Ambulance Service **NHS**
NHS Foundation Trust

Foundation Trust Membership Form

South East Coast Ambulance Service NHS Foundation Trust is part of the National Health Service (NHS). We respond to 999 and NHS 111 calls and serve Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire.

You can support your local NHS ambulance service by becoming a member of our Trust. Membership is free and you can:

- Be kept up to date with the latest news from your ambulance service in our newsletter.
- Attend our Annual Members Meeting and other ambulance service events.
- Vote, or even stand, in Governor elections. Foundation Trusts are more accountable to their local population; they have a Council of Governors made up of people who represent our staff, local people and partner organisations. Governors provide a direct link

between our Trust and the people we serve and ensure the Trust is putting our patients and people at the heart of all we do.

- Join the free health service discounts scheme.

Anyone is eligible to be a member of our Trust; but to vote or stand in Governor elections you need to live within the areas we serve.

Ready to support your local ambulance service and become a member? This form can be folded in half once completed sticking together to make an envelope. It can then be popped straight in the post as it doesn't require a stamp.

www.secamb.nhs.uk

Please contact the Membership Office if you need this leaflet in large print, Braille, audio form or in other languages.

Email: ftmembership@secamb.nhs.uk

Phone: 0300 123 9180 | Mobile/text: 07770 728250



MEMBERSHIP FORM

South East Coast Ambulance Service NHS Foundation Trust

Your contact details (* Must be completed, PLEASE PRINT)

Title _____ First name* _____
 Surname* _____
 Address* _____

 Postcode* _____ Date of Birth* _____
 Home phone/mobile number _____

Contacting you: Keeping in touch by email is cost free which saves NHS funds for patient care. Please clearly write your email address below.

Email address: _____

If you do not have an email address we will send the newsletter to you by post.

Your involvement as a member

All members will receive our newsletter unless you select otherwise below.

Please tick if you do not wish to receive our newsletter.
 Please select any ways you would like to be further involved as a member (tick all that apply):

- Come to events
- Become a volunteer
- Respond to surveys from time to time
- Find out more about becoming a Governor
- Be involved in/comment on public information leaflets
- Be part of a panel or working group (relevant to your interests)
- Be sent member forms for friends, family members, colleagues etc.

Please tell us how many forms you would like: _____

Everyone can become a member, but please also tell us if you are one of the following: (please tick any that apply)

- Carer Patient SECAmb volunteer

More about you: We are committed to building a membership that reflects the diverse communities we serve and we would be grateful if you would complete the following section.

Do you have a disability or long-term illness/health condition?

- Yes No Prefer not to say

Your ethnicity:

- | White | Black | Asian |
|---|---------------------------------|-----------------------------------|
| <input type="radio"/> British | <input type="radio"/> British | <input type="radio"/> British |
| <input type="radio"/> Irish | <input type="radio"/> African | <input type="radio"/> Bangladeshi |
| <input type="radio"/> Gypsy/Romany | <input type="radio"/> Caribbean | <input type="radio"/> Indian |
| <input type="radio"/> Roma | | <input type="radio"/> Pakistani |
| <input type="radio"/> Traveller of Irish origin | | <input type="radio"/> Chinese |

Mixed background: _____ Other: _____

- Prefer not to say

Which of the following describes your gender identity?

- Male Female Neither of these options Prefer not to say

Have you always fully identified with the gender you were registered as at birth?

- Yes No Prefer not to say

Your sexual orientation:

- Bisexual Gay man Gay Woman / Lesbian
 Heterosexual / Straight Other Prefer not to say

Thank you for your support. If you DO NOT wish to be listed on the public register of members please tick here:

Your information will be held and used securely by the Trust in accordance with Data Protection Legislation. For further information, please see our privacy notice on our website.

V1.0 March 2018