**Expert Patients Programme booking form**

**Your details**

|  |  |
| --- | --- |
| Last name: | First name(s): |
| Address (including postcode)  Postcode: | |
| Date of birth: | NHS No (if known): |
| Phone number(s): | Email: |
| Preferred Method of Contact **(delete as appropriate)**: Telephone or Email | |
| Which GP Surgery are you registered with? | |

**Your Long-term Health Condition(s) (please list in the box below)**

|  |
| --- |
|  |
| Do you have any other major health problems? |
| Any further information: |
| Do you have any special requirements or communication needs? For example communication tools, require large print, hearing loop, etc. |
| Do you use a wheelchair? Yes/No/Sometimes (delete as appropriate) |

**Emergency contact (will only be used in the event of an emergency during an**

**in-person course)**

|  |  |
| --- | --- |
| Last name: | First name(s): |
| Relationship to you: | |
| Phone (Day): | Phone (Evening): |

|  |
| --- |
| **Confidentiality statement**  I understand that anything I say within the Expert Patients Programme course will be treated in the strictest confidence and only shared if it is felt necessary to do so. I understand that if I let the Expert Patients Programme facilitators know about activities which may result in harm to myself and/or others (including Child Protection or Vulnerable Adult issues) then the Expert Patients Programme facilitators are obliged to pass that information on to the relevant authorities and will tell me that they are going to do this.  I agree that my information can be monitored for service evaluations, but **my confidentiality will be maintained at all times** and forms stored in accordance with Kent Community Health NHS Foundation Trust policy and procedures; my name will not be mentioned in any evaluation reports.  **Expert Patients Programme facilitators are not clinically trained.** I understand that the facilitator’s role is to deliver the programme in order to enable me to make healthy choices but facilitators are not qualified to offer medical advice.  I understand the service being offered to me and how this data will be used. |

|  |
| --- |
| Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your name (please PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / 202\_\_\_\_\_ |

|  |
| --- |
| **Please return this form as soon as possible to** [**kcht.epp@nhs.net**](mailto:kcht.epp@nhs.net)  or  **Freepost RSCK-GRCK-YBER**  Expert Patients Programme Coordinator,  Kent Community Health NHS Foundation Trust  Trinity House, 110-120 Upper Pemberton,  Ashford, Kent TN25 4AZ |

**Equality monitoring**

**About you**

|  |
| --- |
| The data we collect from the questions in this section is to ensure that all patients are treated fairly and receive the best standard of care. Knowing more about our patients helps us to identify potential care needs and tailor our services to meet patient needs. |

1. **Age:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 18-24 |  | 25-34 |  | 35-44 |  | 45-54 |  | 55-64 |  | 65-74 |  | 75-84 |  | 85 and over |

|  |  |
| --- | --- |
|  | I’d prefer not to say |

1. **Gender identity:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Woman |  | Man |  | Transgender woman |  | Transgender man |  | Non-binary |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Gender not listed – please state in box below |  | gender/I don’t identify with any gender |

|  |  |
| --- | --- |
|  | I’d prefer not to say |

|  |
| --- |
|  |

1. **Sexual orientation:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bisexual |  | Gay |  | Heterosexual |  | Lesbian |  | Prefer to self-describe |

|  |  |
| --- | --- |
|  | I’d prefer not to say |

1. **Ethnicity:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian or Asian British - Bangladeshi |  | Asian or Asian British - Indian |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian or Asian British - Pakistani |  | Asian or Asian British – Any other Asian Background |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Black or Black British - African |  | Black or Black British - Caribbean |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Black or Black British – Any other Black background |  | Mixed – White and Asian |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mixed – White and Black African |  | Mixed – White and Black Caribbean |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mixed – Any other mixed background |  | Traveller Community |  | White - British |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | White - Irish |  | White – Any other White background |  | Other Ethnic group – Chinese |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Other Ethnic groups – Any other ethnic group |  | Don’t’ know/Not sure |  | I’d prefer not to say |

1. **Religion/Belief:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Buddhist |  | Christian (Catholic protestant or any other Christian group) |  | Hindu |  | Jewish |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Muslim |  | Sikh |  | Any other religion or belief – please state in box below |  | No religion/belief |

|  |  |
| --- | --- |
|  | I’d prefer not to say |

|  |
| --- |
|  |

1. **Do you have a health condition or disability which makes it difficult for you to do everyday things? (this could be mental or physical):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | I’d prefer not to say |

|  |
| --- |
| The data we collect from the questions in this section helps us to better understand the unique experiences of the British Armed Forces Community and ensure they receive the best care and support. This includes service personnel, reservists, veterans or immediate family members. |

1. **Have you ever served in the British Armed Forces:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Don’t know/Not sure |  | I’d prefer not to say |

1. **Has anyone in your immediate family (spouse, civil partner, parents and children) every served in the British Armed Forces:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Don’t know/Not sure |  | I’d prefer not to say |