

Registration Form

Individual Registration *(please tick as appropriate)*

**A nominated individual representing an Organisation
Registration** *(please tick as appropriate)*

Please state organisation

Title First Name Last Name

Address

Postcode

Telephone/Mobile

Email

Please turn over to complete the registration form

How do you wish to be involved?

General member

I would like to be kept informed about LINK in Salford developments through regular electronic bulletins and updates.

I am happy to take part in the annual LINK event, public meetings, events and surveys etc.

I am happy to receive information about public meetings, events and surveys organised by the LINK in Salford networks of networks.

Task groups

I am interested in becoming an active member getting involved in the task groups working on the priorities identified by local people for the LINK work plan

Governance steering group

I am interested being co-opted or randomly selected onto the LINK in Salford Steering group within the Governance framework and will adhere to all the rules and regulations of the LINK in Salford

Areas of Interest

Which areas of Health and Wellbeing are you particularly interested in

Health/NHS

Mental Health

Community Health

Hospital

Ambulance and Patient Transport

Other please state

Social Care

Carer support

Adults learning difficulties/disabilities

Sensory impairment

Older people

Other please state

Specific groups of people in a health and social care field

Children 0-16

Young people 16-25

Adults 26-65

Adults 65+

Any other areas of Health and Wellbeing you would like to get involved in. Please state

Contact

How would you be preferred to be contacted?

Email

Telephone

Text

Post

Other please state

Data Protection Act 1998

By consenting to the LINK in Salford using the information you have provided, your details maybe used for a mailing list so that LINK can distribute relevant information

I permit LINK in Salford to publicise my contact details

I DO NOT permit LINK in Salford to publicise my contact details

I confirm that the information given is a true representation of my individual and where relevant organisational details