

NHS
Western Sussex Hospitals
NHS Foundation Trust

Business Reply
Licence Number
RTRE-KLXZ-XYSH



Foundation Trust Membership Office
Western Sussex Hospitals
NHS Foundation Trust
Worthing Hospital
Lyndhurst Road
Worthing
BN11 2DH



Western Sussex Hospitals
NHS Foundation Trust



Worthing | Southlands | St Richard's

**Your hospitals
your care
your say**

**Become a valued member of
Western Sussex Hospitals
NHS Foundation Trust**

www.westernsussexhospitals.nhs.uk

BECOMING A MEMBER

- Be informed
- Shape the future of services
- Listen to top consultants on subjects ranging from Dementia to Diabetes, to Ophthalmology and Emergency Medicine (Medicine for Members)
- Join the NHS Discounts Scheme

Join with local people and members of Staff who care about the future of our hospitals.

Together we can make hospital services better.

If you are 16 years of age or over and are interested in supporting our NHS hospital Trust you can become a member by completing and returning this form

Members' Information - As a Member, I would like to*;

- Receive the hospital Newsletter
- Provide feedback about the hospital services
- Attend Medicine for Members meetings;
- Find out how to become a hospital Governor, volunteer and/or help with hospital charities.

*Tick as appropriate

HOW DO I BECOME A MEMBER?

Joining is easy – and absolutely free! You can:

- [Complete the form and return to the FREEPOST address](#)
- [Register online at:
www.westernsussexhospitals.nhs.uk/membership](#)
- Or call us on 01903 205111 ext 84038

The information you give us will be stored and used in accordance with the Data Protection Act 1998. It will only be used to contact you about the Trust, membership or other related issues. Apart from your name, access to this information will only be available to those responsible for administration of the membership register which may be a company employed by the Trust for this purpose. Anyone who receives this information is legally obliged to keep it confidential.

MEMBERSHIP REGISTRATION FORM

Contact Details

Title:

Full Name:

Male Female

Date of Birth (dd/mm/yyyy)
(to become a member you must be at least 16 years old)

Address:

Postcode:

Phone Number:

Mobile:

Are you happy to receive information via text message

Email:

About You

It would be helpful if you could complete this section, which will enable us to see if our membership is representative of the people who use our services.

Do you consider yourself disabled? Yes No

Sensory Disability

Physical Disability

Learning Disability

Mental Health Problem

Or any other special need

How would you describe your ethnic group?

White

British

Irish / Gypsy / Irish Traveller

Any other White background

Please specify

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Please specify

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

Please specify

Black or Black British

Caribbean

African

Any other Black background

Please specify

Other Ethnic Groups

Arab

Any other group

Please specify

How did you hear about us?

Mailing

Online

From a friend, family member, or work colleague

Event

[Have you ticked the Members' Information boxes on the opposite page?](#)

Signature:

Date:

The Trust is required to keep a public register of members' names, constituency and area only.

If you do not wish to be on this register, please tick here:



Fold and glue here