

Rebuilding a life  
starts with one  
small action

Calderstones  
Membership  
Application Form

Become a member  
of our Foundation  
Trust and be part  
of the action

# Becoming a member is one small step...

You can help people  
to fulfil their lives  
by becoming a  
member of the new  
foundation trust.

- staff, local people, service users and carers will be involved in developing services
- you will have a say in how the Trust is run, by electing governors or even becoming a governor yourself
- help to rebuild the lives of people with learning disabilities and enable them to achieve their full potential

## Get the Most from Your Membership

You will find information about the ways you can become involved in our campaign for Foundation Trust status by visiting [www.calderstones.nhs.uk](http://www.calderstones.nhs.uk) or email [ftinformation@calderstones.nhs.uk](mailto:ftinformation@calderstones.nhs.uk)

# Foundation Trust Membership Application

We want you to be a member of our Trust - you decide how much or how little you want to be involved. It's free to join and as a member you will make a positive difference to services. Complete this form, detach and send it in the envelope provided.

Please provide us with your details

Title	Name		
Address			
Postcode			
Contact telephone number			
Email			
Gender		Date of Birth	
How did you hear about our plans to be a Foundation Trust? (please circle)			
Newspaper	Event	Leaflet	Other (please state)

How would you prefer us to contact you?  
(please tick)

- By email at the email address you have given us
- By telephone on the number you have given us
- By post to the address you have given us

Signature

Date

## Help our campaign by referring a friend

The views of local people, staff, service users and carers can be heard and make a real impact on services. One small action of referring friends or family can help us to reach out to as many people as possible. If you would like to refer someone for membership, please enter their details on the form below and we will send them a membership pack.

Title	Name		
Address			
Postcode			
Contact telephone number			
Email			

# Please provide us with some information about yourself

We want to involve a wide range of members from the people who use our services, their carers, our partners and local people. Please answer the following questions: (please circle)

Have you used learning disability, mental health or substance misuse services in the last five years?

Yes

No

Do you care for someone who has used learning disability, mental health or substance misuse services in the last five years?

Yes

No

Are you an ex-employee of the Trust?

Yes

No

Are you currently employed by an organisation that works with the Trust?

Yes

No

If yes, please tell us which organisation:

As a member would you like to: (please tick)

- Receive regular information
- Attend meetings and events
- Consider standing as a governor

Do you have a special interest in:

- Learning disability services
- Forensic services
- Young people's service
- Service user, carer and public involvement
- Anti-stigma initiatives

## Monitoring Information

For statistical purposes please tell us about you. Please tick the boxes which apply to you.

### White

- British
- Irish
- Any other white background

### Black or Black British

- Caribbean
- African
- Any other black background

### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

### Other ethnic groups

- Chinese
- Eastern European
- Any other ethnic group

Please return in the enclosed envelope or to; Business Reply Service,  
Licence No. BK27 Foundation Membership Office, Trust Board Offices,  
Calderstones Hospital, Mitton Road, Whalley, Lancashire BB7 9PE