

GETTING INVOLVED (CLIENT DETAILS)

My name is: _____



My address is: _____

Postcode: _____



My email address is: _____



My telephone number is: _____

I would like to help:

1

Plan my care

Yes

No



2

Tell you what I think
about services

Yes

No

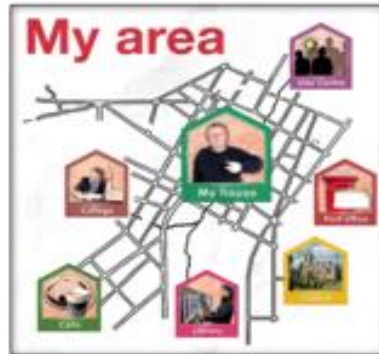


3

Help you plan new services and get training to help me do this

Yes

No



If **you** would **like** to be **involved** in any of the **areas** below, please ✓ any of the boxes

AREAS OF INTEREST	PLEASE TICK ✓
Have your Say	
Your Day	
Your needs	
Your health	
Your future	
Money	
Where you like to live	
How you like to travel	



If you **consent** to your **name & details** being held on the Trust's **PPI Involvement Database** please tick the box

A black checkmark is positioned above a simple black-outlined rectangular box, which is intended for a tick mark to indicate consent.

***Please return your completed form to:
Geraldine Holmes, Lakeview Hospital, 12a Gransha Park,
Londonderry, BT47 6WJ***