

GETTING INVOLVED (CARERS)

Name: _____

Address: _____

_____ Postcode: _____

Email: _____

Telephone: _____

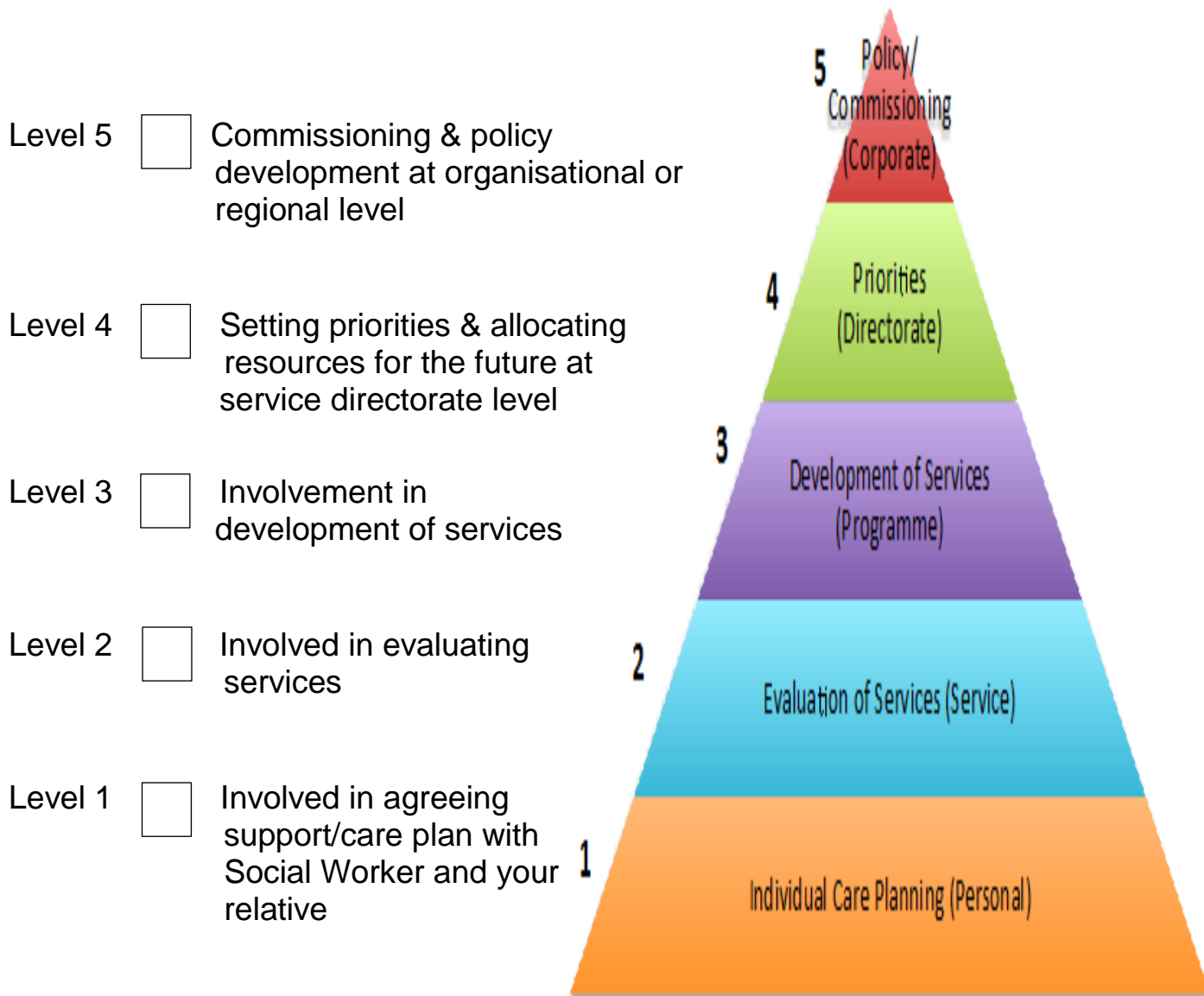
Below are areas you can be involved in. Please complete both parts of the form.

Part 1

If you would like to be involved in any particular area below, please tick appropriate boxes in table below:

AREAS OF INTEREST	PLEASE TICK ✓
PPI Involvement /Planning	
Carers' Needs	
Aging/Futures Planning	
Short Breaks (Respite)	
Financial resources	
Day Services	
Accommodation/Supported Housing	
Estates Infrastructure	
Transport	
Health Promotion (Physical/Mental Health)	
Social Inclusion	

Part 2



If you consent to your name and details being held on the Trust's PPI Involvement database please tick this box

Please return your completed form to:

Geraldine Holmes, Lakeview Hospital, 12a Gransha Park, Londonderry, BT47 6WJ