

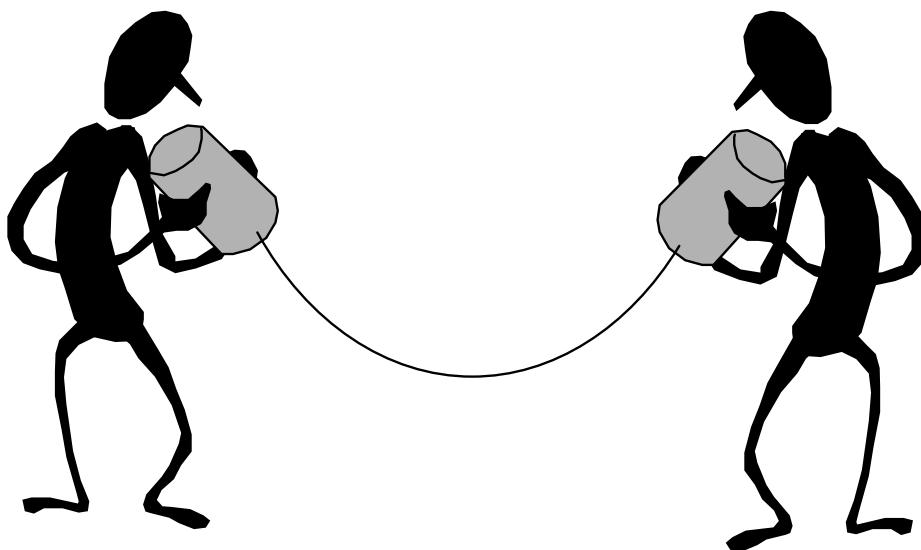
SERVICE USERS AND CARERS INVOLVEMENT
DATABASE

Gloucestershire Partnership NHS Trust is setting up a database of Service Users and Carers who want to get involved in the work of the Trust.

We want to keep your details up-to-date, we can then tell you about what is going on in the Trust and about new opportunities for involvement as they arise.

Please contact us if you require help in completing the form.

GETTING INVOLVED



Are you or have you been a user of mental health services, or a carer of someone who uses mental health services?

Would you like more say in the way services are delivered?

Yes?

...then please take this opportunity to influence the planning, development and monitoring of services by filling in the following form and returning it to:

**Service User and Carer Participation Department
Gloucestershire Partnership NHS Trust, Rikenel,
Montpellier, Gloucester. GL1 1LY.**

01452 891611/891612



DATA PROTECTION

The personal data you supply to us will be held on a computer database and in a paper file. We continue to keep your details on our records until you inform us that you wish to have them removed. Alongside this we will periodically contact you to see if you are still happy for us to keep your details. The computer database will be kept on a password protected secure system and access will be limited to the Partnership Trust Participation Workers and the database administrator. The Data Controller for this information is The Gloucestershire Partnership Trust and the nominated representative is Susan O’Connell, Freedom of Information / Data Protection Manager, Gloucestershire Partnership NHS Trust, Rikenel, Montpellier, Gloucester, GL1 1LY, 01452 891000.

By signing below you are agreeing to the above statement.

.....

Print Name:.....

Date:.....

Please tick the appropriate box:

Are you a service user?

Are you a carer?

Are you both a service user and a carer?

If you have had experience (either yourself or the person you care for) of any of the following please tick the box:

• In-patient If yes, which hospital?
which ward?

• Outpatient If yes, where?.....

• Day hospital If yes, where?

• Day centre If yes, where?

• Forensic services

• Assertive
community teams

• Grip Team
(a service for people with first episode psychosis aged between 14-35)

• Crisis/Home support

• Supported lodgings

• Other Please specify

Are you or the person you care for a current user of the services? Yes/No

If no how many years ago were you/they discharged?

Are you willing at some stage in the future?

• to be consulted on specific Trust matters? Yes/No

• to be involved in Trust planning and development groups? Yes/No

If yes to the last question, please tick the box if you need help with any of the following in order to get involved:

- confidence building
- assertiveness training
- knowing how meetings are run
- knowing about the Trust and how mental health services work

Please contact us if you need information about help with transport, childcare or other caring responsibilities.

If you are particularly interested in any of the following areas please tick the box:

- Speakout group
- Training Staff
- recruitment and selection of staff
- Research
- Women's issues
- Care Programme Approach
- Inpatient care
- Recovery approach
- Crisis services
- Substance Misuse Services
- Older People's Services
- Child and Adolescent Services
- Learning Disability Services
- Primary Mental Health
- Self-help groups
- Other (please specify

Please return this form to:
Service User and Carer Participation, Gloucestershire Partnership NHS Foundation Trust, Rikenel, Montpellier,
Gloucester.GL1 1LY